



Thane Bharat Sahakari Bank Ltd.

Scheduled Bank

Regd. Office : Shatataraka, Baji Prabhu Deshpande Marg, Naupada, Thane - 400 602.
Web site : www.thanebharatbank.com

SAVINGS BANK ACCOUNT OPENING FORM

Branch:	Date :
Customer ID:	If Share Holder, Membership No :
Account Number :	

I / we request you to open my / our Account in your Bank and accept initial deposit of Rs. _____ only.

Type of Account: Individual Minor Sr. Citizen CHS HUF Trust

*** If MINOR / SR. Citizen, please provide proof of DOB ** In case of MINOR account, please fill up the relevant declaration.**

A/c Holder :	Surname	First Name	Middle Name	Male / Female / Third Gender
1 st				M / F / T
2 nd				M / F / T
3 rd				M / F / T
4 th				M / F / T

Affix latest passport size Photograph of 1st Account Holder, Please sign across the photograph

Specimen Signature

A/c Holder :	Signature	For Bank Use
1 st		Signature Admitted Stamp
2 nd		Signature Admitted Stamp
3 rd		Signature Admitted Stamp
4 th		Signature Admitted Stamp

Affix latest passport size Photograph of 2nd Account Holder, Please sign across the photograph

Affix latest passport size Photograph of 3rd Account Holder, Please sign across the photograph

Affix latest passport size Photograph of 4th Account Holder, Please sign across the photograph

Mode of Account Operation

Self Either or survivor Jointly or Survivor Former or Survivor Minor by guardian

Any one of us or one of the survivors or the last survivor Other : _____

Please write selected mode of operation : _____

(Please fill the form in BLOCK LETTERS only)

Personal Information of 1st / Prime Account Holder

Name : Mr/Mrs./Miss :	
Date of Birth : / /	Religion : Nationality : Indian /
Caste : SC/ST/OBC/BC/OTHER	Qualification :
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	No. of Dependents / Children: _____
*Aadhaar Card No. <input type="text"/>	# PAN <input type="text"/>
*Passport No. <input type="text"/>	Passport Exp. Date : / /20
*Driving Licen. No. <input type="text"/>	Driving Licence Exp. Date : / /20
*Voter ID No. <input type="text"/>	Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rental <input type="checkbox"/> Other
Annual Income : - <input type="checkbox"/> up to Rs. 5 Lacs <input type="checkbox"/> Rs. 5 to 10 Lacs <input type="checkbox"/> Above Rs. 10 Lacs	
Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Self Emp. <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired	
In case of Professional please specify the profession _____	
Residential Address	Details of Employment / Business
Flat No. & Bldg. Name _____	Name _____
Road No. / Name _____	Address _____
Area / Locality _____	_____
City _____ Pin <input type="text"/>	_____
Tel. No _____	_____
Mobile No: _____ /	Contact No _____
E-mail : _____	No. of Years of Employment / Business _____
Previous Banker :	Social Status :

* Provide at least one along with its copy # if PAN is not available, please fill up additional declaration Form No 60 or 61

Services / Facilities

I /We, request Bank for following Services /Facilities.(Please tick the appropriate box)

1. Cheque Book : Yes, I wish to avail Cheque Book Facility Cheque Book facility not required.

2. RuPay Debit cum ATM Card : I/We have read the terms and conditions available on www.thanebharatbank.com. I/We accept & agree to be bound by the terms and conditions governing the operations/use of Thane Bharat RuPay Debit-cum-ATM Card and the rules & bye laws of the Bank which are now in force or may hereafter come in force from time to time. I/We request you to issue a 'Thane Bharat RuPay Debit-cum-ATM Card' in the name mentioned above for accessing above referred account and to avail all facilities including withdrawals from ATM's and usage through POS (Point of Sale) by debiting my/our captioned account. I/We accept recovering the applicable charges/fees from time to time by debiting my/our Primary Account and in case there is insufficient balance in Primary Account, by debiting charges/fees to my/our any other deposit account. I/We understand that, Bank may, at its absolute discretion, discontinue any of the service completely without any notice to me/us. I/We without prejudice to the above, accept Bank's lien on all my/our deposits, present and future held in the Primary Account as well as in my/our other account whether linked to Thane Bharat RuPay Debit-cum-ATM Card facility or not. I understand that all the operations effected through use of Thane Bharat RuPay Debit-cum-ATM Card are binding on me/us. Please send the Thane Bharat RuPay Debit-cum-ATM Card on my/our address registered with you in Primary Account.

3. SMS Banking : Yes, I/We wish to avail SMS Banking Facility on mobile number

I / We have read and understood the Terms & Conditions available on www.thanebharatbank.com / at branch, applicable for SMS Banking. I/We accept and agree to be bound by the Terms & Conditions governing the facility and the rules of the Bank which are now in force or may hereafter come in force from time to time. As & when my/our mobile phone number(s) will change, I/We will intimate in writing to the Branch.

4. E-Communication / Statement : Yes, I / We wish to avail E-Communication / Statement facility on my email ID _____ I/We understand that the e-communication / statements are for my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy because of sending the statements to the above e-mail ID. I/We shall verify the authenticity of the emails I/We receive. I/We shall not hold the Bank responsible for any statement received from fraudsters / imposters. I/We shall inform the Bank in writing if there is any change in the information given above. The Bank shall not be responsible if I/We do not receive statements due to incorrect email address and technical reasons. I/We confirm to have read and understood the Terms & Conditions pertaining to the said facility available on the bank's website.

Facilities not required by me / us from serial no. 2 to 4 above :

1st A/c Holder

2nd A/c Holder

3rd A/c Holder

4th A/c Holder

Aadhaar Card Linking to the account

Please link my Aadhaar Card number to the account, to avail Government subsidies/payments.
(Please specify prime / joint account holder's name whose Aadhaar number to be linked to the account.)

Name												
Aadhaar Card No												

Nomination

Required (Please fill up the nomination DA1 form) Not required

Declaration in case of Minor Saving Account

Type of Guardian: Father Mother Court Appointed Testamentary Guardian

Full Name of the Guardian Mr./Mrs. _____
I hereby declare that the date of birth of the minor who is my _____ is
____/____/____ and I am his/her natural and lawful guardian/guardian appointed by court order, dated
____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in
the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any
withdrawal/transactions made by me in his/her account.

Signature of the Guardian

Introduction by an Existing Account Holder

Introducer's Name _____
SD/CD/CC/OD A/c. No: _____ Branch _____ Tel No _____
I know Mr./Mrs./Miss. _____
For a period of _____ months/ years and confirm his/her address and I am fully aware of responsibilities as an
introducer.

Date: _____ Signature of the Existing A/c Holder _____ Signature verified by Branch Official _____

Declaration

I/We have read and understood the rules for savings account and Terms & Conditions for services/ facilities, displayed / published by the Bank on the web site www.thanebharatbank.com . I accept and agree to abide by rules / any other Terms and Terms & Conditions that may be in force from time to time. I/We have also read the Bank's schedule of the charges are displayed at branch notice board and also published on bank's aforesaid web site and agree to abide by the same. I/We agree that the bank may debit my/our account for the service charges applicable from time to time. I/We have also understood that Terms & Conditions and the charges are subject to change and changes displayed at branch notice board and website of the bank. Further, the information furnished/ declared by me / us in this form is true and I/We will update the bank about change in residential address and contact details. I/We shall be held responsible for the same at all times. For the purpose of providing certain services, the bank is/may be required to engage the services of specialized and the other service providers/agents. I/We agree that the bank may/would be required to furnish any information regarding my/our account to these service providers/agents. I / We also understand that the continuation of the account is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice or withdraw some /all services/ concessions granted to me/us.

1st A/c Holder

2nd A/c Holder

3rd A/c Holder

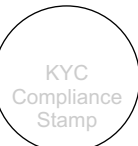
4th A/c Holder

For Bank Use Only

- Customer has been interviewed, A/c Opening Form Checked, KYC documents obtained and verified with the originals & Account approved.

Signature of the Authorised Officer

Name: _____ Designation: _____ Emp Code: _____



Nomination Details (Form DA1)

Nomination under Section 45ZA read with Section 56 of the Banking Regulation Act. 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of Bank Deposits

I/We _____

 Name(s) and address(es)

Nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by Thane Bharat Sahakari Bank Limited _____ Br.

Nature of Deposit	Distinguishing No.	Additional Details, if any
Savings	As mentioned in account opening form	

Nominee's Name & Address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

+As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum _____
 _____ Address _____
 _____ to receive the amount of the deposit on behalf of
 the nominee in the event of my/our/minor's death during the minority of the nominee.

(Signature of 1 st A/c Holder)	(Signature of 2 nd A/c Holder)	(Signature of 1 st Witness)	(Signature of 2 nd Witness)
		Address : _____	Address : _____
(Signature of 3 rd A/c Holder)	(Signature of 4 th A/c Holder)		

+Strike out if nominee is not minor * **Note: If depositor is an illiterate, thumb impression shall be attested by two witnesses.**

List of Officially Valid Documents

(Attach copies & provide original for verification)

Sr.	Name of Document	Purpose	Please (✓)
1	Passport	Identity Proof & Address Proof	
2	Voter ID	Identity Proof & Address Proof	
3	Driving Licence	Identity Proof & Address Proof	
4	Aadhaar Card	Identity Proof & Address Proof	
5	PAN Card	Identity Proof	
6	Job Card Issued by NREGA	Identity Proof	

Note : In addition to officially valid document, please submit copy of any one of the latest utility bill - Electricity / Telephone / MGL

A/c Type	Documents Required
Individual	1) Photograph 2) Copy of at least one, Identity Proof & Residence Proof 3) Copy of PAN Card
Club/Trust/ CHS	1) Photographs of all authorized signatories & Proof of Identity & Proof of Residence 2) Certified Copy of the Registration Certificate 3) Resolution for opening of account and Authorised Signatories 4) Certified copies of Bye Laws. 5) Certified copy of Trust Deed.
HUF	1) Photograph of the Karta and all Co-parceners. 2) HUF letter signed by Karta and all major co-parceners, copy of PAN card. 3) Proof of Identity and Address of Karta and all major co-parceners.

For Bank Use Only

All information as per the A/c opening form & services selected by the customer are filled in the relevant masters and opened the account in CBS System.

Signature of Jr/Sr Clerk	Details Verified :- Signature of Branch Official
Name _____	Name _____
Emp. Code: _____	Designation _____ Emp. Code _____



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Scheduled Bank

Regd. Office : Shatataraka, Baji Prabhu Deshpande Marg, Naupada, Thane - 400 602.
Web site : www.thanebharatbank.com

Customer Information Form for Individual

(Joint Account Holder / Proprietor / Partner / Director / Trustee / Office bearers / Authorized Signatory)

Branch :	Customer ID :	<i>Affix latest photograph and please sign across the photograph</i>
Account Type :	A/c Number :	
Joint Holder <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/>		
Trustee <input type="checkbox"/> Office Bearer <input type="checkbox"/> Authorized Signatory <input type="checkbox"/>		

(Please fill the form in BLOCK LETTERS only)

Name : Mr/Mrs./Miss :	
Date of Birth : / /	Religion : Nationality : Indian /
Caste : SC/ST/OBC/BC/OTHER	Qualification :
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	No. of Dependents / Children: _____
*Aadhaar Card No.	# PAN
*Passport No.	Passport Exp. Date : / /20
*Driving Licen. No.	Driving Licence Exp. Date : / /20
*Voter ID No.	Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rental <input type="checkbox"/> Other
Annual Income : - <input type="checkbox"/> up to Rs. 5 Lacs <input type="checkbox"/> Rs. 5 to 10 Lacs <input type="checkbox"/> Above Rs. 10 Lacs	
Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Self Emp. <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired	
In case of Professional please specify the profession _____	
Residential Address	Details of Employment / Business
Flat No. & Bldg. Name _____	Name _____
Road No. / Name _____	Address _____
Area / Locality _____	_____
City _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Tel. No. _____	Contact No _____
Mobile No: _____ / _____	No. of Years of Employment / Business _____
E-mail : _____	
Previous Banker :	Social Status :

* Provide at least one along with its copy # if PAN is not available, please fill up additional declaration Form No 60 or 61

I hereby declare that the information furnished above is true and correct.

Signature of the Customer

Date _____

For office use only
Form verified and accepted by:

(Signature of Authorized Officer)

Personal Information of Joint Account Holder

(Please fill the form in BLOCK LETTERS only)

Name : Mr/Mrs./Miss :	
Customer ID :	If Shareholder, Membership No.
Details of other Account/s with Thane Bharat Sahakari Bank Limited :	
Date of Birth : / /	Religion : Nationality : Indian /
Caste : SC/ST/OBC/BC/OTHER	Qualification :
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	No. of Dependents / Children: _____
*Aadhaar Card No.	# PAN
*Passport No.	Passport Exp. Date : / /20
*Driving Licen. No.	Driving Licence Exp. Date : / /20
*Voter ID No.	Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rental <input type="checkbox"/> Other
Annual Income : - <input type="checkbox"/> up to Rs. 5 Lacs <input type="checkbox"/> Rs. 5 to 10 Lacs <input type="checkbox"/> Above Rs. 10 Lacs	
Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Self Emp. <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired In case of Professional please specify the profession _____	
Residential Address	
Flat No. & Bldg. Name _____	
Road No. / Name _____	
Area / Locality _____	
City _____	Pin
Tel. No _____	Mobile No: _____ / _____
E-mail : _____	
Details of Employment / Business	
Name _____	
Address _____	
_____ Contact No _____	
No. of Years of Employment / Business _____	
Previous Banker :	Social Status :

* Provide at least one along with its copy # if PAN is not available, please fill up additional declaration Form No 60 or 61

I hereby declare that the information furnished above is true and correct.

Signature of the Customer

Date _____