



Kanaka Mahalakshmi Co-op. Bank Ltd.

D.No. 49-34-22, Akkayyapalem, Visakhapatnam - 530 016.

Ph.: 2562752, 2573612, 2562731. Fax : 2534722 website : www.kanakamahalakshmiibank.com

ACCOUNT OPENING FORM

REFERENCE

C.A/c No. :

SB A/c No. :

Rate of Interest :

Maturity Value :

Due Date :

1. ACCOUNT CHOICE

ACCOUNTS

- ☐ SAVINGS
☐ CURRENT
☐ OVERDRAFT
☐ CASH CREDIT
☐ RECURRING DEPOSIT

TERM DEPOSITS

- ☐ FIXED
☐ REINVESTMENTS
☐ CASH CERTIFICATE
☐ SPECIAL DEPOSIT
☐ OTHERS

2. CONSTITUTION

- ☐ INDIVIDUAL ☐ PRIVATE LTD. COMPANY
☐ JOINT ACCOUNT ☐ PUBLIC LTD. COMPANY
☐ PROPRIETARY ☐ PARTNERSHIP
☐ SOCIETY ☐ CO-OPERATIVE SOCIETY

2 (b) TERM DEPOSIT AMOUNT RS.

PLAN PERIOD

YEARS MONTHS DAYS

3. MINORS

APPLICANT'S DATE OF BIRTH

DD MM YY

GUARDIAN'S NAME

RELATIONSHIP

- ☐ FATHER
☐ MOTHER
(ANY OTHER SPECIFY)
☐

4. ACCOUNTS WITH US

I/WE

HAVE THE FOLLOWING ACCOUNTS WITH
THE KANAKAMAHALAKSHMI CO-OPERATIVE BANK

1. NAME

ACCOUNT

NUMBER

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2. NAME

ACCOUNT

NUMBER

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5. NAME

1) MR. / MS. / MRS.

S/o.

Age

Date of Birth

2) MR. / MS. / MRS.

S/o.

Age

Date of Birth

Occupation

Category

Religion

6. ADDRESS

CITY

PIN

PHONE:

FAX:

CELL :

E-mail :

7. OPERATION

FOR INDIVIDUALS

- ☐ SINGLY ☐ FORMER OR SURVIVOR ☐ JOINTLY OR SURVIVOR
☐ EITHER OR SURVIVOR ☐ ANY ONE OF US OR SURVIVOR

FOR FIRMS / COMPANIES / CO-OPERATIVE SOCIETY / OTHERS

- ☐ AS PER PARTNERSHIP DEED DATED
☐ AS PER MEMORANDUM / ARTICLES DATED
☐ AUTHORISED AS PER BYE LAWS PERSONS
☐ P.A.N. No.
☐ Form 60

DESIGNATION

TERM OF BOARD :

WE UNDERTAKE TO NOTIFY THE
BANK OF ANY CHANGES IN THE
PARTNERSHIP

WE AGREE TO INFORM YOU OF ANY CHANGES IN THE
BOARD OF THE DIRECTORS AND WHENEVER ANY
AMENDMENTS ARE MADE IN THE MEMORANDUM AND
ARTICLES OF ASSOCIATION / BY LAWS

8. NOMINEE NAME

ADDRESS

CITY PIN

DATE OF BIRTH (IF MINOR)

AGE

DD MM YY

RELATIONSHIP

WITH DEPOSITOR

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9 INTRODUCED BY

NAME A/C NO.

I/WE KNOW THE APPLICANT(S) SINCE AND

RECOMMEND TO YOUR BANK

SIGNATURE (WITH SEAL)

10. REQUESTS

I / WE REQUIRE A STATEMENT OF ACCOUNT, IN ADDITION TO THE MONTHLY STATEMENT PROVIDED BY THE BANK

- ☐ DAILY ☐ WEEKLY
☐ FORTNIGHTLY ☐ QUARTERLY

NECESSARY CHARGES CAN BE DEBITED TO MY / OUR ACCOUNT

11. STANDING INSTRUCTION

FOR TERM DEPOSITS

- ☐ RENEW THE TERM DEPOSIT FOR IDENTICAL PERIODS ON MATURITY
☐ PAY PERIODICAL INTEREST ON THE DEPOSIT
☐ MONTHLY
☐ QUARTERLY
☐ HALF YEARLY

TO THE CREDIT OF

ACCOUNT

NUMBER

OR

BY POST BY DEMAND DRAFT FAVOURING

MR./MS.....

12. ENCLOSURES FOR KYC

FOR FIRMS / COMPANIES / SOCIETIES/INDIVIDUALS

- ☐ PROPRIETORSHIP LETTER
☐ PARTNERSHIP DEED
☐ BOARD RESOLUTION
☐ MEMORANDUM AND ARTICLES OF ASSOCIATION
☐ REGD. BYE LAWS
☐ CERTIFICATE OF REGISTRATION AND/OR INCORPORATION
☐ HUF LETTER
☐ ID PROOFS
☐ ADDRESS PROOFS
☐ PHOTOGRAPHS
☐ PAN CARD
☐ AADHAAR CARD

13. UNDERTAKING FOR JOINT ACCOUNTS

We undertake to be jointly and severally liable to you for any moneys owing to you on this account, including your commission, interest and other charges and for any debit balances arising in the account for what so ever reason.

Hence we request you to accept the endorsement jointly and / or severally of us on cheques, orders, bills or notes payable to us.

In the event of death, insolvency or with-drawal of any of us, the survivor or survivors of us shall have full control of any money then and thereafter standing to our account with you including the proceeds of premature termination of term deposits.

14. AUTHORISATIONS & DECLARATIONS

The bank based on this application from the authorised signatories mentioned under "operation", in its absolute discretion and subject to such terms and conditions as the bank may stipulate, can make payment / premature payment of the proceeds of the deposit at the time of closure of the account.

I / We request and authorise you to honour all cheques or other orders drawn by me/ us or bills of exchange or notes drawn by me/us and I / We request you to debit such cheques or other, bills of exchange and notes as also amount of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or over drawn, in case I / we draw cheques / cash in excess of our credit balance in the account with the bank as the necessity arises, I / we undertake to repay the amounts overdrawn with interest on the amount overdrawn as per rules of the bank in force with or without any advice to me / us.

I / We confirm that the rules and regulations of the bank and Reserve Bank of India in force for this scheme have been read by/to me/us and I / we agree to abide and be bound by the same. I / we also agree to abide by the rules and regulations which may be modified from time to time.

I / We certify that the information furnished above is correct.

NOMINATION

Reg : Nomination under section 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We, nominate the person specified in box 8 to whom, in the event of my our / minor's death, the amount of deposit in the account, particulars of which are given in box 1, may be returned by **The Kanakamahalakshmi Co-operative Bank Ltd.**

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

1. SIGNATURE

2. SIGNATURE

3. SIGNATURE

PLACE

DD MM YY

DECLARATION - FORM NO. 60

☐ Are you an Income Tax Assessee Yes/No

☐ If yes (i) Details of ward/circle where the last return of income filed?

☐ (ii) Reasons for not having PAN/GIR :

I do hereby declare that what is stated above is true to the best of my knowledge and belief.

(Signature of declarant)

FOR BANK'S USE

RISK LEVEL

SIGNATURE (S) VERIFIED BY

LEVEL - I

LEVEL - II

LEVEL - III

Account

Number

OPEN THE ACCOUNT & ISSUE CHEQUE BOOK



The Kanaka Mahalakshmi Co-operative Bank Ltd.

TRUST-GROWTH

Date : _____

CUSTOMER PROFILE FORMAT (INDIVIDUALS)

1	Customer ID	
2	Account No.	
3	Name	
4	Residential Status	Resident Non Resident
5	Occupation	
6	If in service Name of Organisation	
7	If self employeeed-Nature of Business Since (Specify Year)	Trading Manufacturing Service Agriculture Real Estate Other (Please Specify) _____
8	If Self Employed / Professional	CA Doctor Lawyer Stock Broker Consultant Other (Please Specify) _____
9	Annual Income	
10	Expected Transactions in Accounts	
11	Source of Income	Salary Business Agriculture Other (Please Specify) _____
12	Residence	Owned Leased / Rented
13	Customer's Signature	

For Bank's Use

14	Level	Level 1	Level 2	Level 3
15	Basis of Categorization of level mentioned in Sl. No. 14 (Please refer to Annexure III of Master Circular and mention specify reason)			
16	Signature of Branch Head			

CUSTOMER PROFILE FORMAT (NON-INDIVIDUALS)

1	Customer ID	
2	Account No.	
3	Account Title	
4	Name and Address(es) of Proprietor/Partners/Directors	
5	Purpose of Opening Account	
6	Nature of Business	Trading / Manufacturing / Services If Trading / Service Please Specify the nature of Business_____
7	Date of Incorporation	Reg. No._____ IEC No._____ Any Other_____
8	Type of Organisation	Proprietorship / Partnership / Pvt. Ltd. Company / Public Limited / Society / Association / Club
9	Registration Address	
10	Annual Turnover	
11	Expected Transactions in the Account	
12	Names and addresses of Clients. Please attach a separate sheet if required.	
I Certify and declare that the information furnished herein are correct to the best of my knowledge		
13	Customer's Signature	

For Bank's Use

14	Level	Level 1	Level 2	Level 3
15	Basis of Categorization of level mentioned in Sl. No. 14 (Please refer to Annexure III of Master Circular and mention specify reason)			
16	Signature of Branch Head			



Kanakamahalakshmi Co-operative Bank Ltd.

Akkayyapalem, Visakhapatnam. Phones : 2562752, 2562731

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode



For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS* (Please refer instruction A at the end)

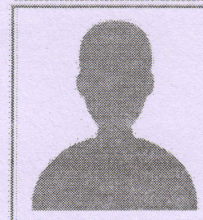
	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender			
PAN*		☐ Form 60 furnished		

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*			
Line 2			
Line 3			
District*	Pin/Post Code*	State/U.T Code*	ISO 3166 Country Code*

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar
IV ☐ Deemed Proof of Address - Document Type code

Address

Line 1*																								
Line 2																								
Line 3																								
District*					Pin / Post Code*					State/U.T Code*			City / Town / Village*									ISO 3166 Country Code*		

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off)					Tel. (Res)					Mobile														
Email ID																								

☐ 5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD-MM-YYYY

Place:

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY**INSTITUTION DETAILS**

Date																								
Emp. Name																								
Emp. Code																								
Emp. Designation																								
Emp. Branch																								

Name																								
Code																								

(Employee Signature)

(Institution Stamp)