Saraswat Co-operative Bank Ltd. (Scheduled Bank)

Saraswat Bank

ACCOUNT OPENING FORM FOR INDIVIDUAL

Instructions to Customer

- Fields marked ' *' are MANDATORY
- Please fill the form preferably in 'BLACK' ink only
- Please fill the form in CAPITAL LETTERS only
- Please write your NAME as it appears in Customer Registration Form
- Please countersign in full for any overwriting / alteration
- Please tick the appropriate boxes
- Please refer Declaration and Undertakings from the Customer Registration Form

☐ NEW ☐ UPDATE EXISTING A/C No*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Mandatory if Existing)

A. ACCOUNT HOLDER'S DETAILS

(I/We request you to open my / our deposit account with your branch / bank as under: (Tick (√) relevant type of account)

Applicant	Customer ID*	(Surname)	(First Name)	(Middle Name)
1st				
2nd				
3rd				
4th				
5th				
6th				

B. TYPE OF ACCOUNT

SCHEME / CODE*

SAVINGS ACCOUNTS

☐ GOLD ☐ SILVER ☐ ELITE ☐ REGULAR ☐ MMS ☐ JANHIT ☐ SUVIDHA ☐ PMJDY ☐ AKSHAY SALARY

☐ EDS ☐ MAVIM ☐ NRO ☐ NRE ☐ NROTD ☐ NRETD ☐ FCNR ☐ RFC

CURRENT ACCOUNTS

☐ PLATINUM ☐ PREMIUM ☐ ELITE ☐ REGULAR

For Salary Account ☐ Letter from employer

*Name of employer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Company Seal

SARASWAT FIXED DEPOSIT

☐ Monthly Deposit ☐ Quarterly Deposit ☐ Regular Deposit ☐ Cumulative Deposit ☐ Recurring Deposit ☐ Tax Saving Deposit

☐ SP. SCHEME (Please specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Maturity proceeds disposal instructions given

☐ Auto Closure ☐ Auto Renewed

☐ DELIVERY CHANNEL ☐ CHEQUE BOOK ☐ SMS Alert (charges applicable) SMS Alert on registered mobile number ☐ INTERNET BANKING ☐ MOBILE BANKING

☐ DEBIT CARD ☐ NON-PERSONALIZED ☐ PERSONALIZED ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ STATEMENT ON E-MAIL

C. DECLARATION BY GUARDIAN

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed

Full Name of Guardian: ☐ Mr. ☐ Ms. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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.

Date : D D - M M - Y Y Y Y

Signature of Guardian

Signature

D. MODE OF ACCOUNT OPERATION

☐ Self ☐ Either or Survivor ☐ Jointly or Survivor ☐ Minor by Guardian ☐ Power of Attorney

☐ Jointly ☐ Former or Survivor ☐ Any other Instruction

I / We agree to abide by existing Rules, Terms and Conditions of all schemes / accounts and facilities enumerated in the Deposit policy given on website www.saraswat.bank.in and changed from time to time.

Signature/s ➡
Thumb Impression

E. NOMINATION DETAILS

Nomination under Sec. 45ZA, 45ZB & 45ZG read with Section 56 of the Banking Regulation Act 1949 and Nomination Rules of the Co-operative Banks (Nomination) Rule 1985,in respect of Bank deposits.

☐ I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/ our death:

☐ I/We do not wish to print nominee name on my/our Passbook, Statement of Accounts and Deposit conformation advice.

Nomination Type ☐ Simultaneous Nomination ☐ Successive Nomination

Sr. no.	Name of Nominee	Address	Email/Mobile number, if any.	Relationship with customer, if any	Age	Order of priority in case of successive nomination	#Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1						First Nominee	
2						Second Nominee	
3						Third Nominee	
4						Fourth Nominee	

#Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.

Guardian Details (if any nominee is a minor)

Sr. no.	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile number of guardian, if any.
1					
2					
3					
4					

OR

☐ **I/We the undersigned do not wish to make nomination in my/our aforesaid A/c.**

Place :

Date : D D M M Y Y Y Y

**Signature(s) # Thumb impression(s) of Depositors

(# Thumb impression shall be attested by two witnesses)

Signature of witness No.1

Name(s)

Address(es)

Signature of witness No.2

Name(s)

Address(es)

** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Signature of Account Holder/s

Nomination Registration No. Date : D D M M Y Y Y Y

Acknowledgement of nomination received on D D M M Y Y Y Y

(For Office Use Only)

Date : D D M M Y Y Y Y A/C to be opened at Branch Code Branch

Reconciliation No.

DEPOSIT DETAILS

Payment by ☐ Cash ☐ Transfer ☐ Digital Mode ☐ Cheque No. Date: D D M M Y Y Y Y

Drawn on Bank Branch

☐ Debit existing SB/CA/OD A/C No. Deposit Amount ₹

DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be opened. (This information must be filled-up by the branch before sending AOF for processing)

Name:

EMP. No.

Date : D D M M Y Y Y Y

Round seal of Branch

Saraswat Co-op. Bank Ltd.

Branch Head / Authorised Signatory
In person verification carried out and signature/LHTI/RHTI of the applicant verified

Saraswat Bank

Saraswat Co-operative Bank Ltd.
(Scheduled Bank)

Acknowledgement of Nomination

Date: D D M M Y Y Y Y

We acknowledge receipt of nomination made by you with respect to your a/c no.

Yours faithfully,

Signature of bank official with seal