



# 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  BSBDA

\* 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 <sup>st</sup>				M / F / T
2 <sup>nd</sup>				M / F / T
3 <sup>rd</sup>				M / F / T
4 <sup>th</sup>				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 <sup>st</sup>		Signature Admitted Stamp
2 <sup>nd</sup>		Signature Admitted Stamp
3 <sup>rd</sup>		Signature Admitted Stamp
4 <sup>th</sup>		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)



### 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](http://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.

\_\_\_\_\_  
1<sup>st</sup> A/c Holder

\_\_\_\_\_  
2<sup>nd</sup> A/c Holder

\_\_\_\_\_  
3<sup>rd</sup> A/c Holder

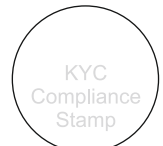
\_\_\_\_\_  
4<sup>th</sup> A/c Holder

### 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<sup>st</sup> A/c Holder)      (Signature of 2<sup>nd</sup> A/c Holder)      (Signature of 1<sup>st</sup> Witness)      (Signature of 2<sup>nd</sup> Witness)  
 Address : \_\_\_\_\_ Address : \_\_\_\_\_

\_\_\_\_\_  
 (Signature of 3<sup>rd</sup> A/c Holder)      (Signature of 4<sup>th</sup> 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	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 _____