



LONAVLA SAHAKARI BANK LTD.

Head Office : K.K. Apartment, Lonavla 410 401
Tel. : 275160 Fax : 275161 E-mail : lsbank.ho@gmail.com

Branch _____ **ACCOUNT OPENING FORM** Date

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

CKYC No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cust. No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please open an account as per details given below - whichever is applicable

SAVING ACCOUNT **CURRENT ACCOUNT** **TERM DEPOSIT** _____

Name of - Individual / Firm / Company / Trust / Society / Institution / HUF / Minor

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

First Name

Middle Name

Joint Name / Name of Proprietor / Partner / Director / Trustee's ? Guardian / HUF Karta

1

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2

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3

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4

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PAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Minor Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

City _____

Pin Code :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel. No. _____ Mobile No. _____ Email : _____

Mode of Operation Self Either Or Survisor Former Or Survivor Jointly
 Minor by Guardian Other Specific _____

Deposit Amount Details : **Cash** **Transfer** **Cheque** Amount ₹

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Period : Days/Months/Year

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Rate of Interest

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 % Receipt No. _____

Due Date _____ Maturity Amt. Payable ₹

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Standing Instruction :

■ Mode of Interest : Monthly Quarterly Half Yearly Yearly Cumulative

■ **Interest Credit to :** Saving / Current / ABB / A/c No _____ With _____ Br.

or Other Bank _____ Branch _____ IFSC _____

■ Kindly Debit Monthly Recurring Installment of ₹ _____ to my A/c No _____

With _____ Branch # **Nomination :** **Required as per Details Overleaf.** **Not Required.**

Please Provide me Cheque Book ATM Card Mobile Banking Internet Banking SMS Banking

E-Statement : Frequency _____ Name on ATM Card _____

Declaration

I/We have read & understood the terms & conditions. I/We accept & agree to be bound by terms & conditions applicable from time to time. I/We agree that Bank may debit my/our account for service charges as applicable from time to time for the use of required services.

Signature of Applicant

1) _____ 3) _____

Date :

Place :

2) _____ 4) _____

NOMINATION FORM DA 1

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

I/We (name (s) & Address (es)) _____
nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account particulars where of are given below, may be returned by
THE LONAVLA SAHAKARI BANK LTD. BRANCH _____

Nature of Deposit & A/c. Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is minor, his date of birth

*As the nominee is a minor on this date, I/We appoint (Name (s) & Address (es)) _____

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.

Date : _____ Place : _____ Signature (s)/*Thumb Impression (s) of Depositors _____

*Witness (In case Thumb Impression Only)

1) Signature _____	2) Signature _____
Name (s) _____	Name (s) _____
Address (es) _____	Address (es) _____

Nomination Registration : Yes / No

Declaration for Proprietorship Firm

I, the undersigned hereby inform you that I am the sole proprietor of the firm M/s. _____ and I am solely responsible for liabilities thereof. I shall advise you in writing of any change in constitution of the firm and I will be liable to you for any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & it's contents submitted at the time of opening of this account are true and correct.,

Date : _____ Place: _____ Proprietor _____

Declaration for Partnership Firm

We, the undersigned are the only partners in the firm. We are jointly and severally responsible the Bank for the liabilities of the firm with the Bank. The Bank may recover its claim from the estate of any or all the partners of the firms. We shall advise you in writing of any change that take place in the partnership and all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and untill all such obligations shall have been liquidated. The documents and its contents submitted at the time of opening of this account are true and correct.

(To be signed by the Partners of the firm without rubber stamp)

1) _____	3) _____	5) _____
2) _____	4) _____	6) _____

Date : _____ Place: _____

For Banks Use only

Address of the applicants has/have been confirmed. Photographs/s has/have been affixed and signed in my presence. Applicant/s Introducer has/have signed in my presence. KYC document obtained & verified.

AML Rating - Low / Medium / High

Date

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

Sign. Of Authorised Official/Branch Manager



LONAVLA SAHAKARI BANK LTD.

Head Office : K.K. Apartment, Lonavla 410 401
Tel. : 275160 Fax : 275161 E-mail : lsbank.ho@gmail.com

CUSTOMER PROFILE - INDIVIDUAL / NON INDIVIDUAL

(This information will be kept strictly confidential)

Branch _____

CKYC No. _____

Date :

Cust. No. _____

Member No. _____

Personal Information Sheet (To be filled in by Account holder / Joint A/c holder / Guardian)

Name Mr. Mrs. Miss. Master Male Female

Surname First Name Middle Name

Residential Address : (Permanent)

City : _____ Pin Code : _____ State : _____

Tel. No. _____ Mobile No. : _____ Email : _____

Religion : _____ Cast : _____ Country : _____

Date of Birth Blood Group Form 60/61 Yes No

Aadhaar Card No. _____ PAN No. _____

Father's Name _____

Passport No. _____ Issued at _____ Date of Expiry _____

Name of Firm / Company / Trust / Society / Institution / HUF (Karta)

Office / Correspondence Address :

City : _____ Pin Code : _____ State : _____

Tel. No. _____ Mobile No. : _____ Email : _____

Name of Proprietor / Partner / Director / Trustee's / HUF (Member)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Surname First Name Middle Name

Registration No. (Shop Act/Company Act/Etc.) _____

Sale Tax No. _____

Vat No./GST No. _____

S.S.I.No. _____

Tan No. _____

Date of Establishment Business Activity _____

Banking Relations with Other Banks :

Name of the Bank _____ Branch _____ A/c No

Name of the Bank _____ Branch _____ A/c No

Debit/Credit Card No. Bank _____

INTRODUCTION DETAILS :

Introducer's Name _____

Branch : _____ A/c Type : _____ A/c No. : _____

I know the applicant/s for the last _____ Month/Year. I confirm the identity, occupation & address of the applicant/s.

Date :

Introducer/s Signature _____

Attach Documentary evidence for Minor/Senior Citizen (Above 60 years)

Consent for Greeting and Banks Schemes Services : Yes / No.

Date

Signature of Customer _____

Material Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	No of Children <input type="checkbox"/>
Education	Non SSC <input type="checkbox"/>	SSC/HSC <input type="checkbox"/>	Undergraduate <input type="checkbox"/>
	Graduate <input type="checkbox"/>	Post Graduate <input type="checkbox"/>	Professional <input type="checkbox"/>
Occupation	Salaried <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>
	Housewife <input type="checkbox"/>	Other <input type="checkbox"/>	
If Self Employed, Profession :	CA <input type="checkbox"/>	Engineer <input type="checkbox"/>	Doctor <input type="checkbox"/>
	Trader <input type="checkbox"/>	Lawyer <input type="checkbox"/>	Consultant <input type="checkbox"/>
	Software <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
If in Business :	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Pvt. Ltd. <input type="checkbox"/>
	Public Ltd. <input type="checkbox"/>	Trust <input type="checkbox"/>	Other <input type="checkbox"/>
If Salaried, employed with	Public Ltd. Co <input type="checkbox"/>	Pvt. Ltd. Co. <input type="checkbox"/>	Govt. Sector <input type="checkbox"/>
	Multinational <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Name of the Employer _____			
Monthly total family Income (approx) Rs.	Upto Rs. 5000 <input type="checkbox"/>	5001-10000 <input type="checkbox"/>	10001-20000 <input type="checkbox"/>
	20001-30000 <input type="checkbox"/>	30001-50000 <input type="checkbox"/>	above 50000 <input type="checkbox"/>
Assets Ownership Vehicles	Car <input type="checkbox"/>	Two Wheeler <input type="checkbox"/>	Both <input type="checkbox"/>
	None <input type="checkbox"/>	<input type="checkbox"/>	
Accomodation	Ownership <input type="checkbox"/>	Rented <input type="checkbox"/>	Purchase against Loan <input type="checkbox"/>
Attested Documents Attached	PAN Card <input type="checkbox"/>	Voter ID <input type="checkbox"/>	Driving Licence <input type="checkbox"/>
	Valid Passport <input type="checkbox"/>	Aadhaar Card <input type="checkbox"/>	Light/Tele.Bill <input type="checkbox"/>
	Ration Card <input type="checkbox"/>	Shop Act <input type="checkbox"/>	Other <input type="checkbox"/>
Mothers full Maiden Name _____			

		Specimen Signature
Photo No. 1	Photo No. 2	1
Photo No. 3	Photo No. 4	2
Photo No. 5	Photo No. 6	3
		4
		5
		6
		Date : <input type="text" value="DDMMYEAR"/>

FOR BANK'S USE ONLY

Address of the applicant/s has/have been confirmed, photograph/s has/have been affixed and signed in my presence.
Applicant/s Introducer has/have signed in my presence,
KYC document obtained & verified. **AML Rating - Low/Medium/High**

Date : _____ Sign of Authorised Official / Branch Manager

KYC documents audited & found correct & Account opening Confirmed.

Date : _____ Branch Manager / Head Office / (Official)"



लोणावळा सहकारी बँक लि.
LONAVALA SAHAKARI BANK LTD.

शाखा Branch : _____

दिनांक Date

चालु खाते क्र.
Current A/c No.

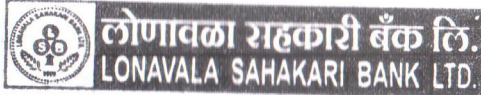
खातेदाराचे नांव Name of A/c _____

चेक/रोख रु. Cheque / Cash ₹

₹ (अक्षरी) ₹ in words _____

जमाकर्ता Deposited by _____

प्राप्तकर्ता Recd. by _____



लोणावळा सहकारी बँक लि.
LONAVALA SAHAKARI BANK LTD.

शाखा Branch : _____

रोखीचा तपशील Particulars of Cash

Notes of Rs.	Notes	Rs.	Ps.
2000			
500			
200			
100			
50			
20			
10			
5			
2			
1			
Coins			
एकूण रकम / Total Rs.			

PLEASE USE SEPARATE SLIP FOR CASH & CHEQUE

पॅन नं./PAN

दिनांक Date

मो.नं./Mob.

चेक / रोख ₹
Cheque / Cash

चालु खाते क्र.
Current A/c No.

खातेदाराचे नांव Name of A/c Holder _____
यांचे खाती / On A/c.

₹ (अक्षरी) ₹ in words _____
जमा करावे / to be credit

जमाकर्ता
Deposited by _____

प्राप्तकर्ता
Recd by _____

