



**FOR INDIVIDUAL ONLY :**

**E. PERSONAL DETAILS :** (Please fill in block letters only and leave one space between words)

| PRIMARY APPLICANT                 | JOINT APPLICANT                   |
|-----------------------------------|-----------------------------------|
| FULL NAME                         | FULL NAME                         |
| Father/Husband/<br>Guardians Name | Father/Husband/<br>Guardians Name |
| Mother's Name                     | Mother's Name                     |
| Contact Address                   | Contact Address                   |
| PIN                               | PIN                               |
| PHONE                             | PHONE                             |
| E-mail                            | E-mail                            |

| PRIMARY APPLICANT | JOINT APPLICANT   |
|-------------------|-------------------|
| Permanent Address | Permanent Address |
| PIN               | PIN               |

|         | DATE OF BIRTH | GENDER | MARRIED | MINOR | PAN NUMBER |    | (Please tick ✓)       |
|---------|---------------|--------|---------|-------|------------|----|-----------------------|
| PRIMARY | DD MM YYYY    | M F    | Y N     | Y N   |            | OR | FORM 60 / 61 ATTACHED |
| JOINT   | DD MM YYYY    | M F    | Y N     | Y N   |            | OR | FORM 60 / 61 ATTACHED |

# If Senior Citizen, provide proof of Date of Birth \*\* If Minor, please fill-up declaration section below \*\*\* If PAN No. Is not available, please attach form 60 of 61

|         | Exiting Customer if Yes, Cust. ID |                   | Salaried | Self Employed | Business | Retired | Housewife | Others |
|---------|-----------------------------------|-------------------|----------|---------------|----------|---------|-----------|--------|
| PRIMARY | Y N                               | <b>OCCUPATION</b> |          |               |          |         |           |        |
| JOINT   | Y N                               |                   |          |               |          |         |           |        |

**F. MINOR DECLARATION**

Type of Guardian :  Father  Mother  Court Appointed

Full Name of Guardian : \_\_\_\_\_

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.

DD MM YYYY

Signature of Guardian

**G. KNOW YOUR CUSTOMER (KYC) DETAILS**

Provide KYC document (Attach photocopies of the following documents and produce the original copies of the these documents for verification).

|         |                             |   |
|---------|-----------------------------|---|
| PRIMARY | Document for identity proof | Proof of Photo Identity :<br>PAN Card, Voter Card, Passport, Govt. ID., Driving License, ID Card from reputed employer                    |
| JOINT   |                             |   |
| PRIMARY | Document for Address proof  | Proof of Address :<br>Electric Bill, Telephone Bill, Pass Port, Bank A/c Statement, Voter Card (Spl. Case), Letter from Public Authority. |
| JOINT   |                             |   |

**H. INTRODUCER'S DETAILS**

|              |  |
|--------------|--|
| A/c No.      |  |
| Relationship |  |
| Name         |  |
| Signature    |  |

**I.** I/We further declare that the statement given above are true to the best of my/our knowledge.

\_\_\_\_\_  
Signature of the Primary Applicant

\_\_\_\_\_  
Signature of the Joint Applicant

**DECLARATION BY THE BRANCH :**

I hereby certify that this account opening form is complete in all respect and relevant documents ( \_\_\_\_\_ nos.) have been obtained. The Account may please be opened.  
For Bank's Use

For The Howrah DCCB Ltd.

**O. NOMINATION DETAILS - FORM DA-1 (FOR INDIVIDUAL / SOLE PROPRIETOR ONLY)**

Nomination under Section 45 ZA to 45 ZF of the Banking Act, 1949 and Rule 2(i) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit

I / We (name) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ nominate the following person to whom, in the event of my / our / minor's death, the amount of deposit in the above may be returned by the Howrah DCCB Ltd.

Name of the Nominee : \_\_\_\_\_ Address \_\_\_\_\_

Relationship with depositor \_\_\_\_\_ Age \_\_\_\_\_ years

If Nominee is Minor, his / her Date of Birth. \_\_\_\_\_ As the Nominee is a Minor, on this date, I / We

appoint (name) \_\_\_\_\_ Relationship with Minor \_\_\_\_\_

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, Name and Address of Witness

Signature of Depositor(s)

**P. Form 60 / 61 (To be filled by those who do not have PAN)**

**Form - 60**

Are you a Tax Assesse ?  Yes  No If yes :

a) Details of Ward / Circle / Range where the last return of income was filed : \_\_\_\_\_

b) Reasons for not having PAN :

**Form - 61** (To be filled by a person who has only agricultural income and no other income chargeable to Incom Tax).

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification: I / We \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief.

Date :

\_\_\_\_\_  
Signature of the Declarant

**FOR NON INDIVIDUAL ONLY :**

**J. FULL NAME / TITLE OF ACCOUNT:**

**Customer ID**

**K. OTHER DETAILS :**

i) Registered Address

PIN  Phone No.

ii) Business / Site / Factory Address

PIN  Phone No.

iii) Constitution (Please Tick):

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| Cooperative Society | <input type="checkbox"/> | Sole Proprietorship  | <input type="checkbox"/> |
| Partnership         | <input type="checkbox"/> | Govt./Semi Govt.     | <input type="checkbox"/> |
| Local Bodies        | <input type="checkbox"/> | Others (pl. Specify) | <input type="text"/>     |

iv) Date of establishment / Incorporation  v) PAN / TAN / GIR No.

vi) Sales Tax no. (If any)  vii) Excise no. (If any)

viii) Nature of Business / Activity

ix) Annual Turnover  x) Dealing with other Bank

**L. INTRODUCER'S DETAILS**

Introducer's A/c. No.  Introducer's Signature

Relationship  Introducer's Name

**M. I / We further declare that the statement given above are true to the best of my / our knowledge.**

| ACCOUNT OPERATOR (S) NAME WITH DESIGNATION | SPECIMEN SIGNATURE WITH STAMP |
|--|-------------------------------|
| 1. <input type="text"/>                    | <input type="text"/>          |
| 2. <input type="text"/>                    | <input type="text"/>          |
| 3. <input type="text"/>                    | <input type="text"/>          |
| 4. <input type="text"/>                    | <input type="text"/>          |

**N. ADDITIONAL DOCUMENTS TO BE SUBMITTED :**

| Constitution                                  | Documents to be Submitted   |
|---|---|
| Cooperative Societies, Association, Club etc. | <ul style="list-style-type: none"> <li>• Certificate of Registration of association, club etc of the societies / association / club if any</li> <li>• Certified copy of the Bylaws of the society etc.</li> <li>• Resolution of the Management, committee appointing the Bank at its Banker for opening of Account and stipulation the conditions for the conduct of account</li> <li>• List of members (with address) of managing committee with the copy of resolution electing them to the committee.</li> </ul> |
| Sole Proprietorship Firm                      | <ul style="list-style-type: none"> <li>• Sole Proprietorship Letter</li> <li>• Power of Attorney (if any) granted to any person to transact business on its behalf</li> </ul>   |
| Partnership Firm                              | <ul style="list-style-type: none"> <li>• Letter of Partnership</li> <li>• Registration Certificate (if any)</li> <li>• Power of Attorney granted to partner or an employee of the firm transact business on its behalf</li> <li>• Any document identifying the main partners and the person(s) holding power of attorney and their addresses</li> </ul>   |

N.B. All individual account operator / authorised signatory must provide separate Photo Identity Proof and Address Proof as per KYC guidelines given in Clause - G.

**DECLARATION BY THE BRANCH :**

I hereby certify that this account opening form is complete in all respect and relevant documents ( \_\_\_\_\_ nos.) have been obtained. The Account may please be opened.  
For Bank's Use

For The Howrah DCCB Ltd.