



The West Bengal State Cooperative Bank Ltd.
24A, Waterloo Street, Kolkata - 700069

ACCOUNT OPENING FORM

Customer Status(✓): Individual Senior Citizen Staff Minor Society Coop. Society HUF Sole Proprietorship Partnership Company Private Ltd Co Public Ltd Co Association Trust / Club Govt./Public Sector Bank Private Sector Bank Cooperative Bank Govt./Semi Govt Local Bodies SHG JLG UCB CCB Municipality/Panchayet Proposed Coop. Society Others

I/We request you to open my/our deposit account with your branch/bank in accordance with terms and conditions of the Bank as ticked(✓) under:

Account Type : Savings with Cheque Savings without Cheque Current Term Deposit Special Term Deposit RD Cash Certificate
Overdraft Sopan MIS Cash Credit Loan Any Other A/C Locker Safe Custody

Initial Deposit: ₹ _____ Mode: Cash Cheque NEFT RTGS Transfer from A/c No. _____

Cheque Payment/UTR No. _____ Date: _____ Bank _____ Branch _____

Home Branch _____ Date dd mm yy yy _____

Account Number Allotted _____ CIF _____

Request for Term Deposit A/C Tick (✓)

Interest payment : Monthly Quarterly Half-yearly Yearly Daily Maturity

Tenure : Days _____ Months _____ Years _____

Details of authorized account for transfer of Interest Debit of Monthly Instalment of Recurring Deposit

Bank _____ **Branch** _____ **S.I. Date** _____

Type: Savings Current **Account Number** _____

In case of Interest payment by ECS, 9 digit MICR Code _____

To record ECS instruction kindly attach cancelled cheque or photocopy of the cheque

Mode of Operation(✓):

Single Jointly Either or Survivor Former or Survivor Anyone or Survivor Guardian of Minor Other

Cheque Book Required? Yes No Cheque Book to be collected by Customer Regd. Post/Courier at Permanent Address Mailing address

ATM Card Required? Yes No PIN Mailer to be Collected by Customer Regd. Post/ Courier at Permanent Address Mailing address

Name on Card :

1st Holder _____

2nd Holder _____

(1st Holder)
Signature

(2nd Holder)
Signature

(3rd Holder)
Signature

Declaration I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products /Fee & charges.

- I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.
- Account will be operated and balance along with interest payable as per operational instructions given above.
- I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
- I/We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- I/We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank.

1st Holder details in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words) Male Female Married Unmarried

Specimen Signature														
CIF _____														
Date of birth	dd	mm	yy	yy	PAN/GIR	UID								
Permanent Address _____ PIN _____														
Mailing Address _____ PIN _____														
Mob./Tel. _____										e-mail _____				

Father's /Mother's Name/Spouse's / Gurdian's Name(CAPITAL)

_____ CIF _____

2nd Holder details in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words) Male Female Married Unmarried

Specimen Signature														
CIF _____														
Date of Birth	dd	mm	yy	yy	PAN/GIR	UID								



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Permanent Address											PIN							
Mailing Address											PIN							
Mob./Tel.												e-mail						
Father's /Mother's Name/Spouse's/ Gurdian's Name (CAPITAL)																		
																CIF		

3rd Holder details in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words) Male Female Married Unmarried

										Specimen Signature							
										CIF							
Date of Birth											PAN/GIR		UID				
Permanent Address											PIN						
Mailing Address											PIN						
Mob./Tel.											e-mail						
Father's/Mother's Name/Spouse's/ Gurdian's Name (CAPITAL)																	
																CIF	

Recent Photo	Please paste latest passport size photograph 1st holder & signed across by self	Please paste latest passport size photograph 2nd holder & signed across by self	Please paste latest passport size photograph 3rd holder & signed across by self
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Educational Standard* (✓) :
 upto 10th Standard Upto Higher Secondary Graduate Post Graduate Ph.D Vocational
Profession* (✓) :
 Service Unemployed Professional (Doctor/Engr./CA etc.) Professional (Lawyer/Journalist) Social Worker Student Businessman Corporate
Annual Income* (✓) : ₹
 Less than 1 lac > 1 lac but < 3 lacs > 3 lacs but < 6 lacs > 6 lacs but < 10 lacs > 10 lacs but < 25 lacs but > 25 lacs
Individual KYC (*)-self attested photo copy of both to be submitted.

Proof of Photo identity	1 st Holder	2 nd Holder	3 rd Holder
Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Adhar Card <input type="checkbox"/>			
PAN Card			
Govt ID <input type="checkbox"/> Defence ID <input type="checkbox"/> Photo ID <input type="checkbox"/> ID Card of Reputed Employer <input type="checkbox"/>			
Proof of Address			
Ration Card <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/>			
Income / Wealth Tax assessment order (with address)			
Bank A/C Statement/Credit card statement			
Letter of Reputed Employer			
Letter of any recognized public authority			
For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity & address proof			

*Voter card & passport can also be considered as address proof in certain terms
●Introduction:
 I / We certify that, Mr./ Mrs./ Ms. / M/S. _____ is/are known to me/us personally since last _____ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief. Introdurers Name _____ Introdurer's A/c, No. _____ with Bank & Branch _____
 _____ A/c type _____ Signature with date _____

●KYC CLARIFICATION
 I have met the account opener/s in person and hereby confirm that KYC Norms are fully complied with and further confirm that
 i) a) The introducer has visited the branch/ has not visited the branch but written confirmation obtained.
 ii) The signature of the introducer is verified and his/her/their Account is more than six months old and KYC Compliant.

Signature of Official with Stamp

Date



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FOR NON-INDIVIDUAL (Full Name/Title of Account)

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Registered Address					PIN							
Business/Site/Factory etc Address					PIN							
Tel				email								
PAN (Copy attach)				CIF								
TAN/GIR				Reg. No.								

- **Date of establishment/Incorporation**(Attach Detail)
- **Nature of Activity / Business** ● **Sales Tax/VAT/GST No (if any)**(Attach Copy)
- **Excise No (if any)**(Attach Copy ● **Annual Turnover / Income** **Trade License No.**
- **Dealing with other bank**

Account operator/s name with designation (if any)	Specimen signature with stamp:
1	
2	
3	
4	
5	

- **Photographs along with signature of account operator/s**

Recent Photo	Please paste latest passport size photograph 1st holder & signed across by self	Please paste latest passport size photograph 2nd holder & signed across by self	Please paste latest passport size photograph 3rd holder & signed across by self	Please paste latest passport size photograph 4th holder & signed across by self	Please paste latest passport size photograph 5th holder & signed across by self

● INTRODUCTION:

I / We certify that, Mr./Mrs./Ms. / M/S. _____ is/are known to me/us personally since last _____ months/year and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Introducer's Name
 Introducer's A/c No.....A/c type.....
 Signature with date.....

● Additional Documents to be Submitted

Constitution	Document to be submitted
Sole Proprietorship Firm	<ul style="list-style-type: none"> ● Sole Proprietorship Letter ● Copy of trade license ● Power of Attorney (if any) granted to any person to transact the business on its behalf
Partnership Firm	<ul style="list-style-type: none"> ● Copy of Partnership Deed ● Registration Certificate (if any) ● Power of Attorney granted to partner or an employee of the firm to transact business on its behalf. ● Any document identifying the main partners and the person(s) holding power of attorney and their addresses
Hindu Undivided Family (HUF) Or Joint Hindu Family Firm	<ul style="list-style-type: none"> ● Prescribed Joint Hindu Family letter signed by all adult coparceners. ● Declaration from Karta ● Proof of Identification and address of Karta
Limited Company (Public / Pvt.)	<ul style="list-style-type: none"> ● Copy of Certificate of Incorporation. ● Copy of Certificate of commencement of Business in case of Public Limited Co. ● Certified copy of Memorandum and Article of Association of the company made up to date ● A certified true copy of the resolution of the Board of Directors of Company, requesting the Bank to open an account in its name and specify the operating instructions and a list of authorized officialsto operate the account. ● A list of present directors & their addresses, under the signature of chairman. ● Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf
Cooperative societies, Association, Club etc.	<ul style="list-style-type: none"> ● Certificate of Registration. ● Certified copy of the Bylaws/MOA of the society/ copy of resolution of office bearers' election / etc.



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	<ul style="list-style-type: none">● Resolution of the Board of Directors/Management committee appointing the Bank as its Banker for opening of Account and stipulating the conditions for the conduct of account.● List of members (with address) of BOD/Managing Committee with the copy of resolution electing them to the committee.
Charitable / Public Trust / Foundations etc	<ul style="list-style-type: none">● Certificate of Registration, if registered.● Copy of Trust Deed / Constitution document.● Power of attorney granted to persons to transact the business on its behalf● Certified copy of the resolution signed by all the trustees in regard to the conduct of the account.● Any document listing out the names and addresses of trusts, settlers, beneficiaries and these holding Power of Attorney and other key officials involved in day to day management of the trust/ foundation to the satisfaction of Bank.● Certificate from the Charity Commissioner in case of registered trust.

*All Individuals who are proprietor / partner / Karta / Director / Authorized Signatory etc must provide separate identity and address proof in conformity with the details furnished in the application form as per Individual KYC guidelines mentioned in page 3(Three)

For office Use:

All the above mentioned details are verified properly while accepting the form and opening the a/c in the branch.

Signature of Official with Stamp

Date / /

Form DA-1 Nomination Form

(for Individual / Sole proprietor concern only)

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We _____ name(s) and address (es) nominate the following persons 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 WBSCB.

A/C No	A/C Type	NAME OF NOMINEE	Relationship with Nominee	AGE/DOB of Minor*
Nominee's CIF			Guardian's CIF	

Address of Nominee :

*As the nominee is a minor of this date, I/We appoint Shri/Smt/Kumari _____

_____ (Name Address, and Age) to receive the amount of deposit

on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Signature, Name and Address of Witness #	*Signature /Thumb Impression of Depositors
Date	Date

Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s)

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) Reason for not having PAN:

Form 61

To be filled by a person who has only agricultural income and no other income chargeable to income 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 _____ do hereby declare that what is stated is true to the best of my knowledge and belief.

Place:

Date:

(Signature of Declarant)

FOR OFFICE USE

I have verified the documents submitted and confirm that KYC Norms and other norms of the bank are fully complied with while opening the account.

(Signature of Branch Head)
Stamp

Place:
Date: