



ધી ગોઝારિયા નાગરિક સહકારી બેંક લી.
THE GOZARIA NAGRIK SAHAKARI BANK LTD.

HEAD OFFICE :

Gozaria, Dist. Mehsana - 384470.

Phone : (02763) 263346, 263083, 263085, 264385, Fax : 263237

E-MAIL : admin@gozariabank.com

BRANCHES

LANGHNAJ | SOLAIYA | SAMOU | KHARNA | RANIP Ahmedabad.
Ph. : 02762-287687 | Ph. : 02763-272321 | Ph. : 02763-263938 | Ph. : 02763-263936 | Ph. : 079-27527511

Account Opening Form

CURRENT DEPOSIT

A/c. No.

Branch

આપનો સહકાર - અમારી સેવા



THE GOZARIA NAGRIK SAHAKARI BANK LTD.

Branch _____

I/We request you to open my/our current deposit Account with your bank

Account No.

Date

CIF No.

Account Name _____

Business Address	Correspondence Address
Address _____	Address _____
Pin Code No. : _____	Pin Code No. : _____
Phone No. : _____	Phone No. : _____
Email ID : _____	Email ID : _____

Pan No. :

Constitution : Individual Proprietor HUF Partnership Firm Administration Trust
 Co-Op. Society Private - Public Ltd. Co. Non Proprietor Organisation Other Specify _____

Type of Business : Traders MFG Other Specify Service Provider

Give details of current A/c. with other bank.?

If Yes, Bank Name : A/c. No.

Particulars A/c Holder : Individual / Proprietor / Karata / Director / Trustee etc.

FULL NAME, in CAPITAL Letter (in the order of first middle and last surname, leaving a space between words)

																				Gender		
1																					M	F
2																					M	F
3																					M	F

DATE	PHOTO	PHOTO	PHOTO
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SIGNATURE			
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Operating Instructions	
Customer ID (if any exiting)	
Pan No / Form 60/61	
Occupation	
Date of Birth / Age	
Tel No. / Fax No.	
Mobile	
Email	
Mother Name	
Father Name	
Blood Group	

Residential Address

	First Applicant	Second Applicant	Third Applicant
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
State and country			
Pin Code			

Communication Address (If Address from Residential Address)

	First Applicant	Second Applicant	Third Applicant
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
State and country			
Pin Code			

Details of Identification documents submitted by the applicant/s

Photo Identify	1	2	3
Type of Document			
Document Number			
Issuing Authority			
Date of Issue			
Valid up to			
Address Proof	1	2	3
Type of Document			
Document Number			
Issuing Authority			
Date of Issue			
Valid up to			

Details of Proof for opening current A/c. Only

Type of Document Business Proof		Business Address Proof			
Issuing Authority		Issuing Authority			
Rege No		Rege No			
Valid up to		Valid up to			
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature					

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act, 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits. I/We _____ name(s) nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit, particulars where of are given below may be returned by the Gozaria Nagrik Sahakari Bank Ltd.

Deposit	Nominee		
Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Date of Birth (If Nominee is a Minor #)

As the Nominee is a minor on this date. I/We appoint Mr./Mrs./Ms. _____ Address _____ Age _____ to receive the amount of deposite on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place _____
Date

2

INTRODUCTION

Introduction from and exiting account holder (at least six months and satisfactorily conducted and KYC complaint account) :
Witness Name : _____
Address : _____

A/c. No. : _____

Mobile No. : _____

I Certify that I have known Mr./Mrs./Ms. _____ for the last _____ month/year and confirm his/her/their Occupation and Address stated in application to open the Account.

Place _____
 Date _____

Signature of
Introducer

KYC IDENTIFICATION DOCUMENTS / PAPERS TO BE SUBMITTED BY APPLICANT(S)

(Any one documents form each of the following two lists subjects to Bank's Satisfaction)

LIST - I (Latest / recent photo Identification documents)		LIST - II (Latest / recent documents showing address proof)	
1	Pass port	1	Pass port
2	Driving License with Photograph	2	Driving License with address, Voter's Identity Card
3	Voter's identity card, UID (Adhar No)	3	Telephone Bill, Electricity Bill, Ration Card
4	PAN Card, Government ID Card	4	Bank account statement (with address)
5	Identity Card / Confirmation employer	5	Income/Wealth Tax assesment order (with address)
6	Letter from recognized public authority or public servant verifying the identity (photo) of customer.	6	Letter from employer / Any document of communication issued by any authority of Central / State Government or local body
7	Confirmation Letter from employer / other Bank verifying therein photograph of the along with other things.	7	Any documentary evidence in support of residential address acceptable to the Bank
8	Any other document with photograph evidencing identity of the applicant/s acceptable to the bank. (For married woman, proof of identity with her maiden name, if support with a verified true copy of marriage certificate is acceptable as valid identity proof.	8	In case of married address proof of the groom is acceptable.

Declaration

I/We authority the Bank/their representative to verify the details given herein for Deposit accounts.
 I/We shall not take any objection for the informations provided to the Govt. bodies / court / other financial instruction etc.

I/We have read and understood the rules and regulation of the service / products / A/c opted for and agree to abide by the terms and conditions relating to the conduct there of as also charges brought about therein from time to time.

I/We agree to abide by the rules prescribed by the bank from time to time and to debit my/our a/c for charges. / If the operation in the account are not found satisfactory, bank can close the a/c without any prior notice to me / us.

Yours Faithfully

1. _____ 2. _____
 3. _____ 4. _____

Date : _____

FOR OFFICE USE

Sr.No.	Description	Name of Authorised Staff	Signature
1	Verified the copies with original documents Document(s) identification/address proof listed above were verified with original by		
2	letter of thanks sent to A/c. holders and Introducer on _____ in case of not signed before		
3	Money Laundering Risk Classification [] Low [] Medium [] High		

Date :- _____

Check / Officer / Manager

(Annexure Of Account Opening Form To be Obtained For Applicant separately)

Full Name : _____

Father / Husband's Name : _____

A) Occupation :

1) Occupation :

Salaried Business Related Self employed/Professional Hosuewife
 Student Agriculture & Allied Other (Pls specify) _____

2) Self Employed Professional :

Doctor CA/CS Lawyer Architect
 IT Consultant Other (pls specify) _____

3) Source of Funds :

Salary Business Income Investment Income Agriculture Income
 Other (pls specify) _____

4 (i) Monthly Income :

[] up to Rs. 20,000/- [] From Rs. 20,001/- to Rs. 50,000/- [] From Rs. 50,001/- to Rs. 1,00,000/-
[] From Rs. 1,00,001/- to Rs. 5,00,000 [] From Rs. 5,00,001/-to Rs. 10,00,000/- [] Above Rs. 10,00,000/-

(ii) Annual Turnover _____

B) Personal :

5) Gender : M/F **6) Material Status** [] Married [] Unmmarried
7) Education Qualification
[] upto HSC [] Graduate [] Post Graduate [] Professoinal (Plz specify _____)
8) Spouse's Educatoin Qualification
[] upto HSC [] Graduate [] Post Graduate [] Professoinal (Plz specify _____)
9) Family Members :

Age Group	up to 10 Yrs.	11 to 20 Yrs.	21 to 45 Yrs.	45 to 60 Yrs.	Above 60 yrs.	Total
No of Males						
No of Females						

10) Any relative settled abroad Yes [] No. [] If yes please mention their names and address

1. Name	Address
2. Name	Address
3. Name	Address

11) How Many time you have been abroad in last three years :

[] Never [] 1 to 5 Times [] more than 5 times
12) Do you have credit card : [] Yes [] No [] (plz specify _____)

C) Dealing with other Bank : Yes [] No. [] If yes,

13) Name of the Bank and Branch : _____

14) Type of accoutns / facilities : _____

D) Dealing with credit facilities in other bank : Yes [] No. [] If yes,

15) Car Loan : [] Yes [] No **19) Housing Loan :** [] Yes [] No
16) Condition Loan : [] Yes [] No **20) Against Security :** [] Yes [] No
17) Credit Card : [] Yes [] No **21) Education Loan :** [] Yes [] No
18) Business/Ag : [] Yes [] No **22) Other (Specify) :** [] Yes [] No

E) Assets

23) Vehicle : [] Car [] Two Wheeler [] Other [] None
24) House you live in : [] Ancestral [] Owned [] Reted [] Employee
25) Life Insurance Policy for : [] upto 1 Lac [] up to 2 lac [] up to 5 lac [] above 5 Lac
26) Any other Assets : [] upto 1 Lac [] up to 2 lac [] up to 5 lac [] above 5 Lac

Place : _____

Signature of the Cusotmers

Date : _____

4

PART - II CONSTITUTION LETTER

LETTER OF PROPRIETORSHIP

As the firm of _____ maintains an account with the Bank, I have to inform you that I, the undersigned, am the sole proprietor of the said firm. I am responsible to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claims from my estate.

Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank of the same in writing and my responsibility to the Bank will continue until I receive from the Bank an acknowledgement of that letter and until all my liabilities with the Bank are discharged.

Yours faithfully,

To be signed here by the sole proprietor of
the firm (Without Rubber Stamp)

*

PARTNERSHIP LETTER

As the firm of _____ have dealings with the Bank, we beg to inform you that we the undersigned are the partners in the said firm. We are jointly and severally responsible to the Bank for the liabilities of the firm with the bank. The Bank may recover its claims and dues from any or all of the partners of the firm and the estate of any deceased partners.

Whenever any change occurs in our partnership, we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of the letter and until all our liabilities with the Bank are discharged.

The account of the firm may be operated upon by and under the signature of the undersigned and all documents, promissory notes, cheques etc, may be signed by any of the undersigned in the name of the firm, and shares securities and valuables held by the Bank in any account whatsoever of the firm may be withdrawn by any of the undersigned on his passing a receipt or discharge in the name of the firm and all such acts and operations will be binding on the firm.

In the event of death or retirement of any partner, the Bank shall be entitled at its discretion to deal with the surviving or continuing partner or partners, as the case may be and allow the surviving or continuing partner or partners to continue operation on the account of the partnership and overdraw moneys therefrom and make deposits therein also release the securities, if any, held by the bank for its dues to such surviving or continuing partner or partners against receipt of any such amounts as it may in its discretion consider proper. Without in any way affecting its right to recover otherwise deals with the continuing or surviving partner or partners in respect of the affairs of such firm in such manner as the Bank thinks proper without reference to the heirs and legal representatives of the deceased partner or the retiring partner and such heirs and legal representatives of the retiring partners(s) shall have no claim against the Bank in respect of such dealings.

Yours faithfully,

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To be signed by all partners of the firm individually, without rubber stamp.