



The Deccan Merchants Co-operative Bank Ltd., Mumbai  
ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

To,  
The Branch Manager,

\_\_\_\_\_ Branch  
I would like to open an account with your branch

Customer ID  Scheme  Account No.   
PAN No.

Please open an account as per details given below -

I/We hereby request you to open an account as per details given below. (Tick out whichever is applicable)

CURRENT ACCOUNT  SAVINGS ACCOUNT   
(Specify scheme type)

Applicants Name (Fill in Block letters)

Mr. / Mrs. / Smt. / Miss     
Surname First Name Middle Name

Residential Address :   
  
  
 Pin

Office / Business Address :   
  
  
 Pin

Tel. No.  Mobile No.  E-mail

Passport No.  Category  Constitution

Marital Status  No. of Children

Religion  Caste  Country  Date of Birth   
DD / MM / YYYY

**Qualification :** Non-SSC / SSC / HSC / Under Graduate / Graduate / Post Graduate / Professional.

**Occupation :** Salaried / Business / Retired / Student / Housewife / Self-Employed / Professional /  
Other (Specify) \_\_\_\_\_

**Documents attached :** Photo / Zerox of Pan Card / Ration Card / Passport / Election Commission Card / Electric Bill /  
Driving Licence / Landline Telephone Bill / Latest Credit Card Bill

|                |         |          |          |          |            |         |
|----------------|---------|----------|----------|----------|------------|---------|
| Monthly Income | < 5,000 | < 10,000 | < 25,000 | < 50,000 | < 1,00,000 | > 1 lac |
|----------------|---------|----------|----------|----------|------------|---------|

**Banking Relation with other Banks :**

| Name of the Bank | Branch | Type of Account | Account No. |
|------------------|--------|-----------------|-------------|
| 1.               |        |                 |             |
| 2.               |        |                 |             |
| 3.               |        |                 |             |

Credit / Debit Card No.  Name of the Bank

Statement frequency : Monthly / Quarterly / Half Yearly / Yearly

Cheque Book facility  YES  NO

Standing instructions if any : \_\_\_\_\_

**Joint Applicant's / Guardian's Name : (Fill in Capital letters)**

Mr. / Mrs. / Smt. / Miss     
Surname First Name Middle Name

Residential Address :   
(Attach proof of address)   
 Pin

Office / Business Address :   
  
 Pin

Tel. No.  Mobile No.  E-mail

Religion  Caste  Country  Date of Birth   
DD / MM / YYYY

Marital Status  Single / Married  No. of Children  PAN No.

**Qualification :** Non-SSC / SSC / HSC / Under Graduate / Graduate / Post Graduate / Professional.

**Occupation :** Salaried / Business / Retired / Student / Housewife / Self-Employed / Professional /  
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Credit / Debit Card No.  Name of the Bank

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Residential Address :   
 (Attach proof of address)   
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Office / Business Address :   
  
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Tel. No.  Mobile No.  E-mail   
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Marital Status  Single / Married No. of Children  PAN No.

**Qualification :** Non-SSC / SSC / HSC / Under Graduate / Graduate / Post Graduate / Professional.

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| 2.               |        |                 |             |
| 3.               |        |                 |             |

Credit / Debit Card No.  Name of the Bank

**Account will be operated by :**

Self / Either or Survivor / Former or Survivor / Jointly or Survivor / Any one of us or any of the Survivors or the last Survivor /  
 Minor by Guardian / Jointly / Any other Instruction \_\_\_\_\_

I/We agree to comply with and be bound by the Bank's Rules for the time being and amendment thereof in force and time to time will be in force for the conduct of such account. I/We authorize the bank to collect bills, cheques, etc. for and on behalf of me/us and undertake to abide by and be bound by the Terms and Conditions in this behalf mentioned on overleaf.

**Terms and conditions regarding collection of cheques / Bills & Other instruments.**

The Bank at its option but at the risk & responsibility of the account holder may -

- 1) Collect proceeds of the instruments lodged by the Account holder from time to time.
- 2) Appoint an agent/s to collect the proceeds of the instruments lodged by the Account holder and as such agent/s appointed shall be the agent/s of the Account holder to collect such instruments.
- 3) Recover proceeds of instruments lodged by the Account holder by way of bank Drafts / Cheques or any other mandate in lieu of cash.
- 4) Take action / steps as deemed necessary to have proceeds of the instruments lodged.
- 5) The Bank is hereby empowered to recover the various charges, if any, by debiting the same to the account holder.



Signature across the photo



Signature across the photo



Signature across the photo

Name : \_\_\_\_\_ Name : \_\_\_\_\_ Name : \_\_\_\_\_

I/We affirm that, information furnished herein above is true and authentic to the best of my knowledge.

Date :     
DD / MM / YYYY

Place :  Signature/s of Applicant

Signature of the Branch Manager

**Introduction details :**

Introducer's Name :  Customer ID

Branch :  Type of Account  A/c No.

I know the applicant for the last \_\_\_\_\_ years. I confirm the Identify, occupation and address of the applicant.

Signature of Introducer

Introducer Signature Verified by  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_

**For Bank's Use Only**

Address of the applicant/s has been confirmed on the basis of \_\_\_\_\_  
Photograph/s has / have been affixed and signed in my presence \_\_\_\_\_  
Applicant / Introducer has / have signed in my presence \_\_\_\_\_  
Introduction confirmation letter sent to the Introducer on \_\_\_\_\_  
Confirmation received on \_\_\_\_\_ Signature on confirmation letter verified.

CONFIRMATION OF BANK OFFICIAL WITH SIGNATURE & CODE NO.

Authorised Officer

**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 deposits.

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 account, particulars whereof are given below, may be returned by **THE DECCAN MERCHANTS CO-OPERATIVE BANK LTD., Mumbai** Branch.

| Nature of Deposit & Number | Name & Address of Nominee | Relationship with Depositor, if any | Age                  | Date of Birth        |
|----------------------------|---------------------------|-------------------------------------|----------------------|----------------------|
| <input type="text"/>       | <input type="text"/>      | <input type="text"/>                | <input type="text"/> | <input type="text"/> |

\* As the nominee is a minor on this date, I / We appoint

(Name & Address)

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 :   
DD / MM / YYYY

Place :

Signature / \*Thumb impression of Depositor's

**Signature of Witness No. 1**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

**Signature of Witness No. 2**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

# Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. \*Thumb impressions shall be attested by two witnesses.

Nomination Registration No. :

Date :   
DD / MM / YYYY

Customer ID No.

Signature & Code No. of Branch Official

Signature of Account Holder