



नीलकंठ को-ऑप. बँक लि.
नमुन्याची सही

खाते चालविणाराचे संपूर्ण नांव

नमुन्याची सही

१. _____

२. _____

३. _____

४. _____

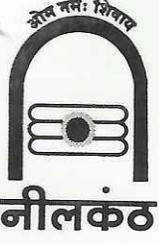
खाते चालविण्याचा अधिकार स्वतंत्र / संयुक्त
तारीख

समक्ष

ऑफीसर / मॅनेजर

खाते नं. _____

खात्याचे नांव _____



खाते उघडण्याचा अर्ज

खाते क्रमांक :-

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दिनांक : / / २०

प्रति,
मा. व्यवस्थापक,
नीलकंठ को-ऑप बँक लिमिटेड,
सोलापूर.

खातेदाराचा फोटो

महोदय,
आपल्या बँकेत माझे / आमचे _____

खाते उघडण्यास विनंती आहे. सदर खात्या संबंधी सर्व नियम मी/आम्ही वाचले व समजावून घेतले असून सदर नियम मला/आम्हाला बंधनकारक राहतील. तसेच वेळोवेळी बदल होणाऱ्या नियमास मी/आम्ही बांधील आहे/आहेत.

संस्थेचे नाव _____
(Name of the Firm)

संस्थेचा पत्ता _____
(Firm Address)

संपूर्ण नाव व पत्ता _____
(Name of Proprietor & Address)

_____ Mobile No.: _____

व्यवसायचे स्वरूप _____ जन्म तारीख : _____
(Feather of Business) (Date of Birth)

वारसदार _____
(Nominee)

खाते चालविण्याचा प्रकार व अधिकार _____

ओळख देणाऱ्याचे नाव _____

खातेदाराची सही

पत्ता _____

खाते उघडण्यात यावे

खाते क्रमांक. _____

सही _____

व्यवस्थापक / ऑफिसर



Neelkanth Co- op. Bank Ltd. Solapur

40 - B/3, Samrat Chowk, Budhwar Peth, Solapur - 413002.

Phone No. : 2728105, 2621455, 2651901

ACCOUNT OPENING FORM

नीलकंठ

Branch : _____

TYPE OF ACCOUNT : _____

CUSTOMER ID : _____

ACCOUNT No.: _____

CUSTOMER INFORMATION

PAN No: _____

*Adhar Number : _____

*FOR INDIVIDUAL CUSTOMER ONLY

*Name (Same as ID Proof) : _____

*Father / spouse Name: _____

*Mother Name: _____

*Date of Birth : _____

*Date of Anniversary : _____

*Religion: _____

*Caste : _____

*Caste Category: SC/ST/SBC/V.JNT/OBC/ESBC/OTHER

*Marital Status: Married/Unmarried/Other

*Gender: Male/Female/ Transgender/Other

*Income Rs. : _____

Type of member: Regular/None

*Education: _____

*Occupation : _____

e mail ID : _____

*Phone No. : _____

* Mobile No : _____

*FOR NON INDIVIDUAL CUSTOMER ONLY

*Name Of Applicant (Please write complete name as per Certificate of Incorporation / Registration)

*Date of Incorporation : _____

* Place of Incorporation : _____

* Reg No(e.g. CIN): _____

*Date of Commencement : _____

*Constitution Type : Proprietary Firm/Partnership Firm/Company/LLP/AOP/Trust/Society/Company/HUF/Other

e mail ID : _____

*Phone No. : _____

* Mobile No : _____

*Gross Income per annum : Rs. _____

*Net Worth In Rs: _____

*Udhyog Adhar No.: _____

GSTN No.: _____

*CURRENT / PERMANENT ADDRESS DETAILS

*Address: _____

*City/Village/Town : _____

*District : _____

*Zip/Pin code : _____

*State / UT : MAHARASHTRA

*Country: INDIA

*Address Type : Residential / Business / Registered office / Unspecified

INTRODUCTION DETAILS (OPTIONAL)

First Name

Middle Name

Last Name

*Referance Name : _____

*Customer Id Of Relever: _____

A/c. No. _____

Mo. No. _____

Signatures

RELATED PERSONS DETAILS

RELATED PERSONS TYPE NOMINEE/AUTHORISED SIGNATURE/PROPRITOR/FARMER/KARTA OF HUF ETC.

PAN No:

*Adhar Number:

Mobile

First Name

Middle Name

Last Name

*Name (Same as ID Proof) : _____

*Relation: _____

APPLICANT DECLARATION

I / We am residents of India. I / We declare that the information furnished by me / us is true and correct. I / We, us is true and correct. I / We, the undersigned have read and understood and agree to abide and be bound by all the Terms conditions of The Neelkanth Co-op Bank Ltd Solapur governing the opening of all my / our accounts, present and future with The Neelkanth Co-op Bank Ltd Solapur and those relating to various service including but not limited to ATM'S, Debit Card, Mobile Banking, Internet Banking, Phone Banking, Bill Payment and E- Payments facility etc. I / We understood that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me / us. I / agree that the Bank May Debit my account for service charges as applicable from time to time. I / We agree that if the premature withdrawal is permitted at my / our request,

*Date :

Customers Signatures

*Place :

FOR OFFICE USE ONLY

*Customer Type : _____

I have met MR/MRS/SMT/CHI/KU _____ in person. I hereby confirm the identity and address. The form has bee filed and signed in my presence. The certified copies of Documents are verified with original Documents.

*Date :

Branch Manager/ Officer

*Place :

FORM 60

Form Declaration to be filed by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a)to (h) of rule 114B

1. Full Name and Address : _____
of the declarant
(Tel./Mobile) _____
2. Particulars of transaction :
3. Amount of the transaction :
4. Are you assessed to tax ? Yes / No
5. If yes
 - (I) Details of Ward / Circle / Rangc Where the last return of income was filed ?
 - (II) Reason for not having Permanent Account Number / General Index Register Number
6. Details of the document being produced in support of address in column (I)

VERIFICATION

I _____ Do hereby declare that what is stated above is true to the best of my knowledge And belief

Verified today, the _____ day of _____ 20

Date : _____

Place : _____

Signature of the declarant

