



# 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/VJNT/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 Refever: \_\_\_\_\_

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, 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 / We 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 been 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