



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 _____



नीलकंठ को-ऑप. बँक लि., सोलापूर यांसी -

४२ - बी/३, सम्राट चौक, बुधवार पेठ, सोलापूर - ४१३००२

शाखा - _____

बचत खाते उघडण्यासाठीचा अर्ज

मी/आम्ही आपल्या बँकेचे सेव्हिंग ठेवीचे नियम वाचून समजून घेतले आहेत. माझे/आमचे सेव्हिंग ठेव खाते खालील नांवाने उघडावे. आपले नियम आमचेवर बंधनकारक राहतील हे मी/आम्ही कबूल करतो, आम्हां पैकी कोणी मयत झाल्यास खात्यावरील रक्कम मागे राहणाऱ्या व्यक्तींना द्यावी.

दिनांक / / २०२

खातेदाराचे नांव _____

संपूर्ण पत्ता _____

मो. _____

ऑपरेट करणार _____

वारसदार _____

खातेदाराची सही

खातेदाराने दिलेली माहिती खरी असल्याबद्दलची हमी देतो.

ओळख देणाराचे } _____

संपूर्ण नांव व पत्ता } _____

खाते क्रमांक } _____

सही _____

अधिकारी सही शिक्का



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: M A H A R A S H T R A

*Country: I N D I A

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

INTRODUCTION DETAILS (OPTIONAL)

First Name

Middle Name

Last Name

*Reference 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, 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