



# ARUNACHAL PRADESH STATE COOPERATIVE APEX BANK LIMITED

Branch :

## Account Opening Form

Photograph

**(For Office Use Only)**

Account No.

L/F No.  /

Date  /  /

I /We desire to open an account in my /our name(s). Please accept the opening form and open the below mention account. [Please tick in appropriate box]

1. **SAVINGS ACCOUNT**

Without Cheque Book

With Cheque Book

Individual

Others

Society

**FIXED DEPOSIT ACCOUNT**

Individual

Others

Society

Amount

Period  Years/Months / Days

**CALL DEPOSIT / DCR**

Amount

Pledge to

**RECCURING DEPOSIT**

Monthly Instalment

Period  Months

**APEX DAILY DEPOSIT**

Individual

Others

Society

Amount

Period  Days

**CURRENT DEPOSIT**

Individual

Others

Society

### 2. FIRST APPLICANT (INDIVIDUAL/JOINT A/C)

(a) Name

(b) Father's/Husband Name

(c) Occupation

### 2.1 OTHERS/SOCIETY

(a) Name

(b) Name of Proprietor/P.A. holder

(c) Occupation

**2.2 Present Address**

Village/Area

Post office

District

State :

Pin. Code :

Contact No.

**2.3 Permanent Address**

Village/Area

Post office

District

State :

Pin. Code :

Contact No.

**2.4 Date of Birth:**

**2.5 Nationality:**

**2.6 Religion :**

**2.7 Education :**  Under Graduate  Graduate  Post Graduate  None

**2.8 Source of Income**  Salary  Business  Inheritance  Investment  Others(Pl. Specify)

**2.9 Income per annum :**  Up to Rs. 50,000  Rs. 51,000 to Rs. 1 Laks.  Above Rs. 1 Lakh to Rs. 5 Lakh.  
 Above 5 Lakh

**3. SECOND APPLICANT (INDIVIDUAL/JOINT A/C)**

(a) Name

(b) Father's/Husband Name

(c) Occupation

**3.1 OTHERS/SOCIETY**

(a) Name

(b) Name of Proprietor/P.A. holder

(c) Occupation

**3.2 Present Address**

Village/Area

Post office

District

State :

Pin. Code :

Contact No.

**3.3 Permanent Address**

Village/Area

Post office

District

State :

Pin. Code :

Contact No.



3.4 Date of Birth:

3.5 Nationality:

3.6 Religion :

3.7 Education :  Under Graduate  Graduate  Post Graduate

None

3.8 Source of Income  Salary  Business  Inheritance  Investment  Others(Pl. Specify)

3.9 Income per annum :  Up to Rs. 50,000  Rs. 51,000 to Rs. 1 Laks.  Above Rs. 1 Lakh to Rs. 5 Lakh.  
 Above 5 Lakh

I/We have read and understood the rules relating to open an account and agreed to abide by the Bank's rules relating to the conduct of the above accounts/services/products.

Signature

4. Mode of Operation :

Any one or Survivor

Self

Incase of Joint Account  
Both of us Jointly

Either of us  
Any other (Specify)

1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

1.	Photograph of 1st Applicant	1.	Photograph of 2nd Applicant
2.		2.	
3.		3.	

(Put Specimen Signature / Thumb Impression of the applicant on above box)

5. Documents submitted :-

PAN / GIR Number

(If you do not have a PAN / GIR Number please fill in the following:  
(Are you an Income Tax Assessee)

Yes

No

If Yes (1) Details of The Ward / Circle Range Where The Last Return of Income was filed : Ward

Circle

(2) Reasons for Not having a PAN / GIR No. \_\_\_\_\_

**For Identity Proof (any one of following)**

- 1. Voter I. Card
- 2. Driving License
- 3. ST. Certificate
- 4. Identity Card.

**For Address Proof (any one of following)**

- 1. Electricity Bill
- 2. Water Bill.
- 3. Telephone Bill
- 4. PRC
- 5. Ration Card

**6. Introducer:-**

Name

Type of Account  Signature

Account No.

**Present Address**

Village/Area

Post office

District

State :

Pincode :

Contact No.  M

Account opened by:	Signature verified by:	Certified by:
Name :	Name :	Name :
Designation :	Designation :	Designation :
Signature :	Signature :	Signature :
S.S. No. <input type="text"/>	S.S. No. <input type="text"/>	Branch Manager

**NOMINATION**

I/we do hereby nominate the following person to whom in the event of my/our/minor's death the amount of the deposit/ particulars where of are given below as per Nomination under section 45ZA of the Banking Regulation Act 1949 and rule 2 (1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of the bank deposit.

S. No.	Nature of Deposits	Distinguishing Account Nos.	Date of Birth if case minor	Names & Address	Relationship with Depositor	Age	Additional Details If any
1							
2							
3							
4							

**Witness's 1**

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

Signature : \_\_\_\_\_

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

**Witness's 2**

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

Signature : \_\_\_\_\_

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

Place \_\_\_\_\_

Date

Signature of depositor