



# THE BHAGALPUR CENTRAL CO-OPERATIVE BANK LTD.

## दी भागलपुर सेन्ट्रल को-ऑपरेटिव बैंक लिमिटेड

Website : www.cccbgbp.in  
 Phone : 0641-2420477, 2303087  
 Email : dccbbhagalpur1@gmail.com

### ACCOUNT OPENING FORM

1. Please Fill up in BLOCK letters only use black ink for signature. Please leave one box blank between two words.
2. Please affix a passport size Colour Photograph in the box provided.
3. In Case of illiterate customer, left Thumb impression (LTI) to be affixed and verified & Thumb impression shall be attested by two persons.
4. For opening account of minor, where proof of Identity/address is not available, the same will be provided by father/ Mother and Natural Guardians.

#### For Bank Use Only

Branch Code					Customer ID No.									
Account No.														

Prop/1st Applicant/ Partner	2nd Applicant/Partner	3rd Applicant/Partner
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           Please affix PassportSize            Colour Photograph of the            respective applicants in            the respective coloums         </div>		

Signature / LTI of Applicant - 1

Signature / LTI of Applicant - 2

Signature/ LTI of Applicant-3

Any one document from each of the undernoted two columns for a photo-identity and proof of address

#### Proof of Identity

- [a] Passport Copy
- [b] Employee ID Card
- [c] Diriving License
- [d] Credit Card
- [e] Pan Card or form 60/61
- [f] Voter ID Card
- [g] Photo ID Card Issued
- [h] Adhar Card
- by post office / Universities

#### Proof of address (for Correspondence)

- [a] Credit Card Statement
- [b] Salary Slip
- [c] Electricity Bill
- [d] Telephone Bill
- [e] Bank A/C Statement
- [f] Letter From reputed employer (Residential)
- [g] Ration Card
- [h] Income Tax/ Wealth Tax assessment
- [i] Gas Connection Receipt/Passbook
- [j] Letter from NGO/ Mukhiya with photo
- or, Pass book

#### ADDITIONAL DOCUMENTS REQUIRED

For Resident in India	<input type="checkbox"/> Proof of PAN <input type="checkbox"/> Proof of Age in case of Senior Citizen <input type="checkbox"/> Latest Passport Size Photograph (2 Copies)
For Propriety firm	<input type="checkbox"/> Declaration of Proprietorship
For Partnership firm	<input type="checkbox"/> Partnership letter (L-438) <input type="checkbox"/> Registration Certificates to form (in case advance account), (Specimen form enclosed)
For Limited Company	<input type="checkbox"/> Certificate of In corporation <input type="checkbox"/> Memorandum and Articles of Association duly certified by Director / Secretary as true and up to date <input type="checkbox"/> A Copy of latest audit balance sheet & profit and loss account in case of PVT. Comp. <input type="checkbox"/> Duly Certified Resolution passed by its Board of Directors as per the following specimen (Resolved that Banking account of the Company be Opened with The Bhagalpur Central Co-op Bank Ltd. Branch..... and that said Bank be and is hereby authorised to honour all Cheques, Bills of exchange, promissory Notes and others orders accepted endorsed or, made on behalf of the company. M/S..... and to act on any Instruction so given relating to the account whether he Account be in credit or, Overdrawn.
For Societies	<input type="checkbox"/> Duly certified copies of constitution and Bye-laws Certificate of Registration incase of Registered Entities. Resolution passed by the managing Body authorising opening of account including mandate for operation of the Account. (Specimen form.....enclosed)
For All Current/ OD/ CC A/C	<input type="checkbox"/> Bill form 1005



# दी भागलपुर सेन्ट्रल को-ऑपरेटिव बैंक लिमिटेड

## The Bhagalpur Central Co-Operative Bank Ltd.



Branch/शाखा

### A/C Opening Form

Date :

The Branch Manager

The Bhagalpur central Co.Op. Bank Ltd.

I/We request you to Open..... account with you for which I/We Initially deposit Rs.....  
(Rupees.....only) by cash/cheque on your selves/.....(Bank) Business  
Activity.....Estd. Since.....Date.

1. Saving A/C without Cheque book  2. Saving A/C with cheque book   
3. Recurring Deposit A/C  4. Term Deposit    
5. Special Term Deposit  6. Current A/C   
7. Over Draft  8. Other.....

*Please Tick if required*

SMS Alert

ATM

Card No

Title of Account	1 <sup>st</sup> Applicant/Partner												2 <sup>nd</sup> Applicant/Partner												3 <sup>rd</sup> Applicant/Partner											
	1 <sup>st</sup> Applicant/Partner												2 <sup>nd</sup> Applicant/Partner												3 <sup>rd</sup> Applicant/Partner											
First Name																																				
Middle Name																																				
Sur Name																																				
PAN No./GIR No.																																				
Aadhar Card No. :																																				
Sex (Tick)	<input type="checkbox"/> Male				<input type="checkbox"/> Female				<input type="checkbox"/> Male				<input type="checkbox"/> Female				<input type="checkbox"/> Male				<input type="checkbox"/> Female															
Relationship to 1 <sup>st</sup> Applt.																																				
Date of Birth																																				
Permanent Address with Pin code & Panchayat Name	S/O												S/O												S/O											
Correspondence Address																																				
Mothers Name																																				
Telephone/Mob. No.																																				



1. TERM DEPOSIT  / SPECIAL TERM DEPOSIT

Amount Rs. (In Words) .....  
 Period - Years(s) ..... Month(s) ..... days Date of Maturity ..... Rate of Intt  
 Maturity Value ..... in case of Term Deposit Interest Payable  Monthly  Quarterly  
 payment on maturity interest Credit to A/c .....

2. RECURRING DEPOSIT

Monthly installment Rs. .... Rs. (in words) ..... Period  
 Years ..... Months Date of Maturity ..... Rate of interest  
 Maturity value ..... on maturity credit proceeds to A/C No .....

**Form DA-1 (Nomination Form) :** - Nomination under section 45ZA of the Banking regulation ACT, 1949 and Rule 2(1) of Banking Companies (Nominations) Rule, 1985 in respect of Bank Deposit. I/We  
 ..... Nominate the following person to whom in the event of my /Our/ Minor's death the amount of the deposit, Particulars, where are given below may be returned by The Bhagalpur central Co-Operative Bank Ltd. Branch .....

**(Name & address of Branch/ Office)**

Types of Deposit ..... A/C No .....

**Details of Nominee :** Name ..... Relationship with the depositor

Age ..... Date of Birth of Nominee ..... Address S/W/O .....

Vill/Mohalla ..... P.O. ....

P.S ..... Dist ..... Pin ..... State .....

As the Nominee is minor on this date, I/We appoint Sri/Smt. ....

age ..... years ..... Address .....

to receive the amount of the deposit on behalf of the nominee in the event of my/ our/ minor's death during the minority of the nominee.

Date .....  
 Place .....  
 Signature of Depositor (S) .....  
 Sign in Black ink Only

**Declaration :** I We affirm and declare that : We have read over understood the rules and regulation of the Bank, present and as would be amended in future I We shall be bound by the rules. Customs and norms of the Bank. Bank may debit my/our account for any service charge or discontinue my /our account without notice to me/us Bank of it's agent shall not be liable for any damage incurred to me/us for any action done in ordinary course of business. in the event of death of depositor/s premature termination of the term deposit would be allowed to the nominee or to the Legal heir/s of the depositor/s (if there is no nominee) without leaving any penalty. The operational instructions/mandate once exercised will remain in force until revoked modified jointly by all the. This account is opened for runing and pursing the lawful purpose I/We shall not have any objection if any transaction related information is appraised to the competent authority. I/We agree take evry care to keep the cheque book in my /our safe custody I We will also keep watch on the day to day transactions to detect early frauds, if any, committed by my /our agent/employee. I We verify that the facts stated above and the contents of the declarations are true and correct to the best of my /our knowledge and nothing has been concealed

Signature of 1st Applicant	Signature of 2nd Applicant	Signature of 3rd Applicant