



DHARMAVIR SAMBAHJI URBAN CO-OP. BANK LTD., PIMPRI CHINCHWAD

H. O. Shivdarshan Complex, 38, 1st Floor, Vinayak Nagar, New Sangvi, Pune- 411027.

Ph: 020 27286411, 27283285, 27280862 Phone-Fax : 27280862, e-mail: sambhajibank@hotmail.com

ACCOUNT OPENING FORM FOR INDIVIDUALS

(Please fill the form in BLOCK LETTERS only)

To,
The Branch Manager

_____ Branch

I/ We would like to open an account with your branch.

APPLICANT'S DETAILS

Applicant's No.

No. 1	Name: _____ Sex: <u>M/ F</u> Section: <u>SC/ ST/ OBC/ General</u>
	SURNAME FIRST NAME MIDDLE NAME
	Address: _____ _____ City: _____ State: _____ Pin Code: _____
	Date of birth: _____ Category: <u>General/ Staff/ Ex-staff/ Sr. Citizen/ Minor</u> Religion: <u>Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others</u>
	Tel (O) _____ Tel. (R) _____ Mobile: _____ Fax: _____ email ID: _____
	Do you have an account with DSU Bank? Yes/ No. If yes, please provide details: Branch: _____ Account no. _____
	PAN/ GIR No. _____ DSU Bank's Registration no. _____ No. of shares _____ (If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)
	SHORT NAME : _____ Customer ID no. _____ (This name will be displayed on ATM Card & Correspondence)

No. 2	Name: _____ Sex: <u>M/ F</u> Section: <u>SC/ ST/ OBC/ General</u>
	SURNAME FIRST NAME MIDDLE NAME
	Address: _____ _____ City: _____ State: _____ Pin Code: _____
	Date of birth: _____ Category: <u>General/ Staff/ Ex-staff/ Sr. Citizen/ Minor</u> Religion: <u>Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others</u>
	Tel (O) _____ Tel. (R) _____ Mobile: _____ Fax: _____ email ID: _____
	Do you have an account with DSU Bank? Yes/ No. If yes, please provide details: Branch: _____ Account no. _____
	PAN/ GIR No. _____ DSU Bank's Registration no. _____ No. of shares _____ (If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)
	SHORT NAME : _____ Customer ID no. _____ (This name will be displayed on ATM Card & Correspondence)

No. 3	Name: _____ Sex: <u>M/ F</u> Section: <u>SC/ ST/ OBC/ General</u>
	SURNAME FIRST NAME MIDDLE NAME
	Address: _____ _____ City: _____ State: _____ Pin Code: _____
	Date of birth: _____ Category: <u>General/ Staff/ Ex-staff/ Sr. Citizen/ Minor</u> Religion: <u>Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others</u>
	Tel (O) _____ Tel. (R) _____ Mobile: _____ Fax: _____ email ID: _____
	Do you have an account with DSU Bank ? Yes/ No. If yes, please provide details: Branch: _____ Account no. _____
	PAN/ GIR No. _____ DSU Bank's Registration no. _____ No. of shares _____ (If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)
	SHORT NAME : _____ Customer ID no. _____ (This name will be displayed on ATM Card & Correspondence)

No. 4	Name: _____ Sex: <u>M/ F</u> Section: <u>SC/ ST/ OBC/ General</u>
	SURNAME FIRST NAME MIDDLE NAME
	Address: _____ _____ City: _____ State: _____ Pin Code: _____
	Date of birth: _____ Category: <u>General/ Staff/ Ex-staff/ Sr. Citizen/ Minor</u> Religion: <u>Hindu/ Muslim/ Jain/ Sikh/ Catholic/ Others</u>
	Tel (O) _____ Tel. (R) _____ Mobile: _____ Fax: _____ email ID: _____
	Do you have an account with DSU Bank ? Yes/ No. If yes, please provide details: Branch: _____ Account no. _____
	PAN/ GIR No. _____ DSU Bank's Registration no. _____ No. of shares _____ (If PAN/ GIR No. is not available attach Form 60 / 61 if applicable)
	SHORT NAME : _____ Customer ID no. _____ (This name will be displayed on ATM Card & Correspondence)

ATM /DEBIT CARD

1. I/ We wish to apply for **ATM** Card.

2. I/ We already have a **Card** with your _____ branch. Please link this new Savings account to this card. My/ Our card number is

ATM Card no 1st Applicant _____ ATM Card no 2nd Applicant _____

ATM Card no 3rd Applicant _____ ATM Card no 4th Applicant _____

Please note this facility is available for operating instructions: Single, Either or Survivor, Anyone or Survivor only.

BILLS PAYMENT FACILITY

I hereby request you to register my/ our account for payment of specified utility bills.

Billers for which the facility will be availed. Please tick the required billers.

- | | | | |
|-------------------|------------------|---------------------------|-------------------|
| a) MTNL | b) TATA Indicom | c) BSNL | d) Kalyan Telecom |
| e) BEST | f) BSES | g) MSEB | h) Orange |
| i) BPL Mobile | j) LIC | k) ICICI Prudential | l) ING Vysya |
| m) Max New York | n) Birla Sunlife | o) Roltanet | p) Now-India |
| q) Satyam Infoway | r) Mobilink | s) ICICI Bank Credit Card | t) BMC |
| u) TMC | v) NMMC | w) Consumer Voice | |

I/ We hereby authorize the Bank to debit my/ our account in respect of the amount of the bill and make payments thereof to the concerned authorities. Separate debit advice shall be issued to me on presentation of the bills. I agree to discharge the responsibilities expected of me as a participant under the scheme. I/ We further agree not to hold the Bank responsible if the transaction is delayed or not effected for reasons of incomplete or incorrect information or for any other reason/ delayed payment on account of delayed submission of bill to the Bank.

DECLARATION

I/ We hereby declare that the particulars given above are true and correct.

*I/ We have read and understood the Terms and Conditions and agree to the terms & conditions governing the opening of an account with Dharmavir Sambhaji Urban Co-op. Bank Limited and those related to various services including but not limited to (a) **ATMs** (b) **SMS Banking** (c) Bill Payment Facility. I/ We am/ are bound by the said Terms and Conditions.*

I/ We declare and state that the Bank may in its absolute discretion, discontinue any of the services completely or partially without any notice to me / us.

I/ We authorise the Bank to debit my/ our account for service charges as may be applicable from time to time. I/ We confirm that I/ we am/are residents of India.

MAILING ADDRESS: All correspondence will be mailed to the address of the first applicant. In case you desire the correspondence be sent to address other than that mentioned on page 1, please provide the same hereunder:

Mailing Address: _____
 _____ City: _____ State: _____ Pin Code: _____

I/ We confirm to have received the copy of the Terms & conditions relating to the opening of the account and the various services, I/ we have opted for.

1. _____ 2. _____ 3. _____ 4. _____

Signature/s of the applicants

1st Applicant	2nd Applicant	3rd Applicant	4th Applicant
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
Name: _____	Name: _____	Name: _____	Name: _____
PHOTO of 1st applicant	PHOTO of 2nd applicant	PHOTO of 3rd applicant	PHOTO of 4th applicant

Please affix Guardian's photograph if any applicant is a minor. Please sign in **BLACK INK** within the box.

Signature of Official in whose presence signed P.A. No. _____ Date: _____	Signature of Official who has scanned the signature P.A. No. _____ Date: _____	Signature of Official who has checked the scanned signature P.A. No. _____ Date: _____
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FOR OFFICE USE

1. Form duly filled : Yes/ No.
2. Signatures verified : Yes/ No
3. **ATM** card request registered Yes/ No
4. Bill Payment facility registered Yes/ No
5. SMS Banking registered Yes/ No
6. Mobile Nos. issued: 1. _____ 2. _____ 3. _____ 4. _____
7. In case of any request is rejected , pl. give reasons _____
8. Account opened on (date) _____
9. Account no/s. _____

Signature of the Official

Date:

PLEASE TELL US ABOUT YOURSELF**DETAILS OF ACCOUNT HOLDER**

Branch : _____ Name : _____ Customer ID : _____

Marital Status Single Married Anniversary date: _____
 DD/MM/YYYY

Education Undergraduate Graduate Postgraduate Doctorate Professional

Occupation Salaried Business Doctor Engineer Lawyer Retired Student Others

Your residence is Rented Self owned Company provided Owned by parents Purchased against loan

No. of children : _____ Date of Birth _____ Date of Birth _____
 1st Child DD/MM/YYYY 2nd Child DD/MM/YYYY

Is your spouse employed No Yes, Full time Yes, Part time

Family Income (Annual) Below Rs.1.50 lac Between Rs.1.50 and Rs.2.50 lac Between Rs.2.50 and Rs.3.60 lac
 Between Rs.3.60 and Rs.5.00 lac Above Rs.5.00 lac

The vehicle you use is Owned by you Company provided Purchased against a loan

Type of vehicle 4 Wheeler 2 Wheeler Year of purchase _____ Month _____ Year

Type of company you work for Proprietorship Partnership Public Limited Private Ltd. Govt. Sector
 Multinational Financial Sector Others

BANKING/ INVESTMENT ACTIVITIES

Main Banker: _____

Preferred Investment Company deposits Mutual funds Shares Bank deposits
 PPF Property Gold Others

LOAN RECORDLoans availed in the last 3 years Car Housing Vehicle Durables Business Against shares Others

In the next 6 months do you intend availing any loan (Please provide details): _____

Thank You



The Shamrao Vithal Co-operative Bank Ltd.

(Multi-state Scheduled Bank)

DSU-Tax EXEMPT Scheme under the provisions of Bank Term Deposit Scheme 2006 introduced by the Central Government, which would qualify under section 80C of the Income Tax Act 1961.

TERMS AND CONDITIONS:

1) Investment

- (a) An assessee/depositor can avail deduction from income under section 80C of the Income Tax Act upto an amount of Rs. 100000/- only in the year ("year" means a year commencing on the 1st day of April)
- (b) The amount to be invested in the term deposit shall be a minimum of one hundred rupees or multiples thereof.

2) Types of term deposit.

Term Deposit shall be of following types, namely:-

- (a) (i) Single holder type deposits;
- (ii) Joint holder type deposits;
- (b) (i) The single holder type deposit receipt shall be issued to an individual for himself or in the capacity of the Karta of the Hindu undivided family;
- (ii) The joint holder type deposit receipt may be issued jointly to two adults or jointly to an adult and a minor, and payable to either of the holders or to the survivor.
Provided that in the case of joint holder type deposit, the deduction from income under section 80C of the Act shall be available only to the first holder of the deposit.

3) Nomination

- (a) Subject to the provision of paragraph(2), the single holder or the joint holders of a term deposit may, by filling necessary particulars in the prescribed form at the time of making the term deposit, nominate any person who, in the event of death of the single holder or both the joint holders, as the case may be shall become entitled to the deposit and to the payment due thereon. If such nomination is not made at the time of making the term deposit, it may be made by the single holder, the joint holders or the surviving joint holder, as the case may be, at any time after the term deposit receipt is issued, but before its maturity, by means of an application in the prescribed form to the officer in charge of the branch from which the term deposit receipt was issued.
- (b) No nomination shall be made in respect of term deposit applied for or held by or on behalf of a minor.

4) Procedure for investment in term deposit

An assessee / depositor desiring to invest in term deposit, shall present at any branch of our bank, an application in the prescribed form.

5) Issue of term deposit receipt

- (a) The bank shall issue a term deposit receipt to an assessee/depositor on receipt of payment.
- (b) The term deposit receipt shall bear the name, address, Permanent Account Number and signature of the assessee/depositor, along with any other particulars which the scheduled bank may specify.

6) Transfer from one branch of the scheduled bank to another.

- (a) A term deposit may be transferred from one branch of the scheduled bank from which it has been issued, to any other branch of the said bank, on the assessee/depositor making an application, at the either of the two branches.
- (b) Every such application shall be signed by the holder of the term deposit receipt.
Provided that in the case of joint holder type deposit, the application may be signed by one the joint holders if the other is dead

7) Pledging of term deposit

The term deposit shall not be pledged to secure loan or as security to any other asset.

8) Replacement of lost or destroyed

- (a) Is a term deposit receipt shall be lost, stolen, destroyed mutilated or defaced, the person entitled there to may apply for the issue of a duplicate receipt to the branch of the scheduled bank from where the receipt was issued.
- (b) Every such application shall be accompanied by a statement showing particulars, such as number, amount and date of the receipt, and the circumstance attending such loss, theft, destruction, mutilation or defacement.
- (c) If the officer in-charge of the bank is satisfied of the loss, theft, destruction, mutilation or defacement of the certificate, he shall issue duplicate receipt on the applicant furnishing an indemnity bond in the prescribed form with one or more approved sureties or with a bank guarantee.

Provided that where the face value or the aggregate face value of the certificate or certificates lost, stolen, destroyed, mutilated or defaced is five hundred rupees or less, a duplicate receipt or receipts may be issued on the applicant furnishing an indemnity bond without any such surety or guarantee.

Provided further that where such application is made with respect to a receipt mutilated or defaced, of whatever face value, a duplicate receipt may be issued without any such indemnity bond, surety or guarantee, if the receipt mutilated or defaced is surrendered and the receipt is capable of being identified as the one originally issued.

- (d) A duplicate receipt issued under sub-paragraph (c) shall be treated as equivalent to the original receipt for all the purposes of this scheme except that shall not be encashable at a branch of the bank other than the branch at which such receipt is issued without previous verification.

9) Encashment on maturity

- (a) The maturity period of a term deposit receipt of any denomination shall be five years commencing from the date of the receipt.
- (b) No term deposit shall be encashed before the expiry of five years from the date of its receipt.

10) Rate of Interest

- (a) The rate of Interest on the term deposit shall be in accordance with the rate fixed by the bank from time to time.
- (b) The interest may be paid either in lump sum at the time of maturity or it may be paid every quarter or every month in accordance with the regulatory guidelines for payment of interest on the term deposit
- (c) Where the interest is paid by the scheduled bank in lump sum at the time of maturity, the term deposit receipt shall bear the yearly rate of interest on the term deposit.

11) Right of nominees

(a) In the event of the death of the holder of term deposit in respect which a nomination is in force, the nominee or nominees shall be entitled at any time before or after the maturity of the term deposit to encash the term deposit.

(b) For the purpose of sub paragraph (a), the surviving nominee or nominees shall make an application to the branch manager of the bank, supported by proof of the holder and of deceased nominee or nominees, if any.

(c) If there are more nominees than one, all the nominees shall give a joint discharge of the receipt at the time of receiving the payment.

12) Payment to legal heirs

If a holder of a term deposit dies and there is no nomination in force at the time of his death, manager of the branch of bank from where the term deposit was issued, shall pay the sum due to the deceased, to his legal heirs on completion of necessary formalities.

13) Income tax

(a) Interest on those term deposit shall be liable to tax under the Act, on the basis of annual accrual or receipt, depending upon the method of accounting followed by the assessee/depositor.

(b) The tax on such interest shall be deducted in accordance with the provisions of section 194A or, section 195 of the Act.

Declaration/Authorization:

I/We have read, understood and hereby agree to the 'Terms & Conditions' in respect of the "DSU-TAX EXEMPT", scheme.

I/We undertake that the deduction from income under section 80C of the Income Tax Act shall be claimed only upto an amount of Rs 100000/- only in a year ("year" means a year commencing on the 1st day of April)

I/We undertake that in case of joint holder type deposit, the deduction from income under section 80C of the Income Tax Act shall be claimed by the first holder of the deposit.

I/We authorize the Bank to deduct tax on interest in accordance with the provision of section 194A or section 195 of the Income Tax Act.

Name & Signature of the Depositors.

1)

3)

2)

4)

Banc@Call FACILITY

1. I/ We wish to apply for Banc@Call facility. My/ Our email address is as mentioned on page 1.
2. I/We undertake to have the TPIN number personally collected from the Branch.
3. I/ We have already registered for Banc@Call facility with your _____ Branch and would like to request you to link this new account with the same TPIN number. My/ Our TPIN number is
 TPIN no 1st Applicant _____ TPIN no 2nd Applicant _____
 TPIN no 3rd Applicant _____ TPIN no 4th Applicant _____
4. The Banc@Call facility is available only for individual/ joint account with the mode of operation as "Either or Survivor" and to "Anyone or Survivor". The Bank at its discretion may add provide the said facility to other categories of deposit account holders.
5. The Banc@Call facility is available only in respect of Savings Bank, Over Draft and Current accounts.

Banc@Cell FACILITY

1. I/ We wish to apply for Banc@Cell facility. My/ Our mobile numbers are as under:
 Mobile no 1st Applicant _____ Mobile no 2nd Applicant _____
 Mobile no 3rd Applicant _____ Mobile no 4th Applicant _____
2. I/ We state and declare that the above mentioned Mobile belongs to me/ us.
3. I/ We state and declare that in case I/ we desire to discontinue the said facility, I/ we shall by a written notice inform the Bank about the same.
4. The Banc@Cell facility is presently available only for individual, joint account with the mode of operation as "Either or Survivor" and "Anyone or Survivor". The Bank at its discretion may add/ provide the said facility to any other categories of deposit account holders.