



THE TIRUCHIRAPALLI DISTRICT CENTRAL CO-OP. BANK LTD.,

Head Office : No. 1, Fort Station Road, Trichy - 620 002.

Branch: _____

ACCOUNT OPENING FORM

DATE : _____ 2 0 _____

For Bank Use Only:	Account Number																			
CIF No.								Member No.	AM											

Account Type:	SB. No Frill A/C <input type="checkbox"/>	Saving A/C <input type="checkbox"/>	Single <input type="checkbox"/>	Senior Citizen <input type="checkbox"/>
Customer type		Jointly <input type="checkbox"/>	E (or) S <input type="checkbox"/>	A (or) S <input type="checkbox"/>

I / We request the bank to open an account as per details below:

Name																				
Father / Husband Name																				
Mother Name																				
Date of Birth			-			-														

Resident Address (Present) :	Permanent Address :
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Pin _____	Pin _____

Mobile No.																				
E-Mail ID	:																			
Sex	:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>																
Marital Status	:	Married <input type="checkbox"/>	Un Married <input type="checkbox"/>																	
Community	:	OC <input type="checkbox"/>	BC <input type="checkbox"/>	MBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>														
Religion	:	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Christian <input type="checkbox"/>	Jain <input type="checkbox"/>	Others <input type="checkbox"/>														
If Minor Account	:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name																
Name of the Guardian																				
Relationship	:																			

Specimen Signature	Photo	Specimen Signature	Photo
1. _____		1. _____	
2. _____		2. _____	

Aadhaar Number	:	
PAN No.	:	
Other ID	:	
Occupation	:	Monthly Turnover Rs : _____
Annual income Rs.	:	Threshold Income Rs : _____
Education Qualification	:	Upto HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>
Any Relatives Settled in Abroad	:	Yes <input type="checkbox"/> No <input type="checkbox"/> No of Related People <input type="checkbox"/>
If Yes, Please mention their Names & Address	:	Name: _____ Address: _____ _____
Dealing with other Banks	:	
Type of Account / Facilities	:	
Existing Credit Facilities	:	
ASSETS		
Vehicle	:	2 Wheeler <input type="checkbox"/> 4 Wheeler <input type="checkbox"/>
House	:	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Office Quarters <input type="checkbox"/>
Other Investment	:	Insurance ₹ : _____ Deposit ₹ : _____
Nomination : Under Section 45ZA to 45ZF of the BR Act, 1949 and rule 2(1) of the banking companies (Nomination) Rules, 1985 in respect of Bank deposits.		
Nominee Name	:	
Relationship	:	
Aadhaar	:	
PAN No.	:	
CIF No.	:	
Registration No.	:	
INTRODUCER DETAILS		
Account No.	:	
Name	:	
Mobile No.	:	
Introducer Signature	:	
BANKING FACILITES : SMS Alert : Yes <input type="checkbox"/> No <input type="checkbox"/>		

I/We do here by declared that what is stated above is true to the best of my knowledge and belief.

For Bank Use Only	Signature of Applicant
Risk Classification: Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk <input type="checkbox"/>	
The Particulars of Identification verified with the original and copies obtained. Account may be opened	
..... Branch	Asst., Branch Manager