



आपल्या आर्थिक आरोग्याची काळजी घेणारी फॅमिली बँक

AMS BANK

अण्णासाहेब मगर सहकारी बँक मर्यादित

६८०/४ ब, लांडेवाडी, भोसरी, पुणे - ४११ ०३९.

☎ : ०२०-२९८६०५६३ टेलिफॅक्स : ०२०-२९८६०५६२

● Visit us : www.amsbank.in ● E-mail : asmbankbsr@gmail.com

CURRENT ACCOUNT
OPENING FORM

BRANCH

Customer
ID.Account
No.

ACCOUNT / COMPANY INFORMATION

Account Title												
Profession						Established			Constitution			
Annual Turnover						Ann. Income			Office Space		Owned / Rented	
Office Address												
PIN				Mobile / Telephone No.				+ 91				

PROPRIETOR'S / PARTNERS' / DIRECTORS' INFORMATION

Name of the PROPRIETOR'S / PARTNERS' / DIRECTORS'

1																					
2																					
3																					
4																					

Applicant 1	Applicant 2	Applicant 3	Applicant 4
Paste here Recent Photo 25 mm x 35 mm	Paste here Recent Photo 25 mm x 35 mm	Paste here Recent Photo 25 mm x 35 mm	Paste here Recent Photo 25 mm x 35 mm
Specimen Signature	Specimen Signature	Specimen Signature	Specimen Signature

DECLARATION : I/we the undersigned, hereby declare that I am/we are the Sole Proprietor/only Partners/only Directors of the mentioned above. Further I am solely/we are jointly and severally responsible for the liabilities thereof. I/we shall advice you in writing of any change that may take place in the Constitution/Partnership and I/all the present partners will be liable to you, on any obligation which may be standing in the firms' name in your books on the date of receipt of such notice and until all obligation shall have been liquidated the current A/c. Will be operated by :

Specimen Signature				
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INTERDICTION BY KYC COMPLIED ACCOUNT HOLDER

Name of the Introducer											
Account No.						Branch					
Resi. Address											
Pin Code				Mobile / Tel. No.				+ 91			



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सहकार संजीवनी

CIF (Customer Information Form) of KYC

Date

D	D	M	M	Y	E	A	R
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Customer ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

APPLICANT'S
PHOTO

I request the Bank to open account(s) / provide services opted by me and the required individual details are given below :

Customer Name & Address (ALL IN BLOCK LETTER PLEASE) (Please ✓ wherever applicable)

DETAILS OF APPLICANT

MR MRS MS DR

FIRST NAME

MIDDLE NAME

LAST NAME

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MR MRS

FATHER / SPOUSE NAME

MIDDLE NAME

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MRS SMT

MOTHER NAME

MIDDLE NAME

LAST NAME

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Date of birth

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

Gender : Male Female

Third Gender Other

Marital status : Single Married

RESIDENCE ADDRESS

Building

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Street / Locality

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City / District

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Pin Code

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Phone No.

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Mobile No.

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E-mail ID

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PLACE OF WORK & ADDRESS

Company Name

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Building

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street / Locality

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City / District

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Pin Code

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Phone No.

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Mobile No.

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Community

Hindu Muslim Christian

Buddhist Parsi Sikh

Salaried Business Self Employed / Professional

Doctor Lawyer CA

Engineer Others

Caste

Open SC. ST.

OBC Other

Occupation

Student

House Wife

Retired

Salaried

Business

Self Employed / Professional

Doctor

Lawyer

CA

Engineer

Others

**Annual
Income**

up to 2.50 lacs

2.50 to 5 lacs

5 lacs to 10 lacs

10 to 20 lacs

20 to 40 lacs

above 40 lacs

AADHAR No.

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**PAN
No.**

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GST No.

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DATE OF REGI.

D	D	M	M	Y	E	A	R
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Form 60 (If PAN is not submitted, attach form 60/61) Yes No

PARTICULARS OF IDENTIFICATION

- Copy of the Passport alone where the address on the passport is the same as the address on the account opening form (OR)
- Any one document from each of the under - noted 2 lists, for photo ID and Proof of residence

List I (latest/recent)	List II (latest/recent)
<input type="checkbox"/> Passport where the address differs	<input type="checkbox"/> Telephone Bill
<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Bank Account Statement
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Income/Wealth tax assesment order
<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Credit Card Statement
<input type="checkbox"/> Govt./Defence ID Card*	<input type="checkbox"/> Electricity Bill
<input type="checkbox"/> ID Cards of reputed employers*	<input type="checkbox"/> Ration Card
<input type="checkbox"/> ADHAR Card	<input type="checkbox"/> Letter from Employer*
<input type="checkbox"/> Letter from a recognised public authority or public servant verifying the identity and residence of the applicant*	<input type="checkbox"/> Postal Identity Card
* Subject to the Bank's satisfaction.	

SIGNATURE OF THE APPLICANT Date

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

INTRODUCTION FROM AN EXISTING ACCOUNT HOLDER OF THE BRANCH

Name of the Introducer

Type of account and A/C No.

Address of the Introducer :

Building

Street/Locality

City / District Pin Code

Phone No. Mobile No.

E-mail ID

I hereby introduce the above named applicant(s) and certify that I know Mr/Mrs _____ for the past _____ months/years and confirm his/her occupation and address as stated in this application.

I also attest his/her signature(s).

SIGNATURE OF THE INTRODUCER Date

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

FOR OFFICE USE ONLY

I have met Mr./Mrs. _____ in person at his/her residence / office / others (please specify) _____ and confirm that information in profile sheet is filled up after detailed discussion with Customer. I also confirm that the form has been signed by the applicant in my presence.

Date

D	D	M	M	Y	E	A	R
---	---	---	---	---	---	---	---

 Employee Number Authorised Signatory

A/c. Opened on : / /

FOR BACK OFFICE USE ONLY

Information entered by :

Employee Number Signature of Clerk Employee Number Signature of Officer



सहकार संजीवनी

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प्रति,

मा. शाखा व्यवस्थापक,

शाखा

अण्णासाहेब मगर सहकारी बँक मर्यादित

६८० / ४ ब, लांडेवाडी, भोसरी, पुणे - ४११ ०३९.

विषय : नविन चालू खाते उघडताना घ्यावयाचे घोषणापत्र (Declaration)

(१) मी/आम्ही आपल्या बँकेत चालू खाते उघडण्यासाठी बँकेच्या विहित नमुन्यात अर्ज सादर केला आहे.

(२) मी/आम्ही आपणांस कळवू इच्छितो की, मी/आम्ही इतर कोणत्याही व्यापारी/सहकारी बँकेकडून / पतसंस्थेकडून कर्जसुविधा घेतलेली नाही.

(३) मी/आम्ही व्यापारी/सहकारी बँकेकडून / पतसंस्थेकडून कर्जसुविधा घेतलेली असून त्याचा तपशील पुढीलप्रमाणे :-

बँकेचे / पतसंस्थेचे नांव	:-
मंजूर कर्ज सुविधेचा प्रकार (टर्मलोन, सीसी इ)	:-
कर्जची रक्कम	:-
कर्जबाकी रक्कम	:-
थकबाकी रक्कम	:-
कर्जचा दरमहा हप्ता (मुदत कर्ज असल्यास)	:-
नूतनीकरण दिनांक (सीसी मर्यादेसाठी)	:-
सहकारी बँक / पतसंस्थेच्या सभासद क्रमांक	:-
सभासद झाल्याचा दिनांक	:-
सह. बँकेच्या / पतसंस्थेच्या शेअर्सची रक्कम	:-

वरील सर्व माहिती माझ्या समजुतीप्रमाणे खरी असून त्यास मी जबाबदार आहे.

दिनांक :

स्वाक्षरी

ठिकाण :

(श्री./सौ. _____)



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SMS APPLICATION FORM

From Date :

To,
The Branch Manager,
Annasaheb Magar Co. Op. Bank Ltd.

_____ Branch

Dear Sir,

I/We wish to avail the mobile alert service for my/our below mentioned account from time to time.

Customer Registration		
Customer ID		
Account Number		
Name of the Customer		
Type of Account	Savings <input type="checkbox"/> / Current <input type="checkbox"/> / Cash Credit <input type="checkbox"/> / Term Deposit <input type="checkbox"/> / Loan Account <input type="checkbox"/>	
Already registered	Yes / No (If 'Yes' fill only the Account Registration Part)	
Name of Service Provider (Tick appropriate option)	BSNL <input type="checkbox"/> / Airtel <input type="checkbox"/> / Vodafone <input type="checkbox"/> / Reliance <input type="checkbox"/> / Tata <input type="checkbox"/> / Others <input type="checkbox"/> (If others please specify)	
Mobile Number to be registered		
Alert for Term Deposit maturity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alert for Loan Installment due date	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Account Registration		
Push Alert Service	Amount (Rs)	Required (Yes/No)
Alert when debit transaction is Rs. 10,000 and above or the amount stipulated by the customer, whichever is higher		Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert when credit transaction is Rs. 10,000 and above or the amount stipulated by the customer, whichever is higher		Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert when balance goes above stipulated balance		Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert when cheque presented is bounced (outward return)	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert when cheque issue is bounced (inward return)	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert when outstation cheque deposited realized	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert for the End of day balance (CA/OD/CC)	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yours Faithfully,

Customer Signature



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APPLICANT'S
PHOTO

APPLICATION FORM FOR ATM CARD

Branch _____

Sr. No. _____

Name to be Printed on the Card (Maximum 20 Characters in Capital Letters)

कार्डवर प्रिन्ट करावयाचे नाव (कॅपीटल इंग्रजी जास्तीत जास्त २० अक्षरात)

Date : / / 20

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PERSONAL PARTICULARS

Mr./Mrs./M/s. _____

Surname

First Name

Middle Name

Date of Birth

--	--	--	--	--	--	--	--	--	--

Pan No.

--	--	--	--	--	--	--	--	--	--

← Attached Xerox Copy

Aadhaar No.

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← Attached Xerox Copy

Address _____

Pin

--	--	--	--	--	--

Telephone

Residence No.

Office No.

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Mobile

--	--	--	--	--	--	--	--	--	--

Email _____

ACCOUNT PARTICULARS (For ATM Facility)

Branch	Type of A/c. SB/CA	Account Number	Mode of Operation

DECLARATION

I declare that, the above information is correct. I acknowledge receipt of terms and conditions applicable to ATM Card and I have read and accepted your rules and regulations of ATM facility. I hereby request you to issue me ATM Card and authorised you to debit to above mentioned account with charges / fees. transactions done on ATM.

Name of the Applicant _____

Signature _____

We all the joint account holders agree with and give his / her / their consent to the bank to issue the ATM Card to the applicant at its discretion on the terms and conditions governing this facility.

Name of the Joint Account Holders

Signature / s

1) _____

2) _____

For Branch Purpose Only

Information given in the application form is complete and correct as per branch record. Signature(s) of account holder(s) on the form are verified and found correct as per branch record. Approved for issuance of ATM Card.

K.Y.C. Compliance : YES / NO

Clear Balance as on Date Rs. _____

Date of ATM Card Issue :

Customer ID No. _____

Card No. :

Application No. _____

6	0	7	4	5	3														
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Branch Manager / Authorised

ATM CARD - TERMS & CONDITIONS

The applicant (hereinafter called THE CARDHOLDER) along with the joint a/c holder, if any, of the Savings / Current account unconditionally accept the following terms & conditions for using the ATM Card (hereinafter called THE CARD) issued by **ANNASAHEB MAGAR SAHAKARI BANK LTD.** (hereinafter called THE BANK).

1) MINIMUM BALANCE

For Saving Bank Account minimum clear credit balance should be Rs. 3000/- and for Current Account minimum clear credit balance should be Rs. 5000/-. In any case credit balance shall not be allowed to go below minimum level set for the respective types of account. At no time shall not be cardholder use or attempt to use the card for withdrawal unless there are sufficient funds in his / her / their account.

2) FEES

All Fees / Charges prescribed by the Bank, related to the card as determined by the Bank from time to time, shall recovered by debiting cardholder Savings / Current Account.

3) DELIVERY To CARD

Upon receiving information from the Bank that the card is ready the cardholder shall go to the designated officer / branch manager of the bank and take delivery of the card after sufficiently establishing his / her identity.

4) NON TRANSFERABILITY

The card is transferable and shall be used only by the cardholder. The ATM Card is and shall be meant for individual and not joint operations by any number person/s more than one.

5) PERSONAL IDENTIFICATION NUMBER (PIN)

At no time and in no circumstance shall be cardholder inform any person the personal identification number (PIN) not even to the joint holder. The cardholder shall personally come and visit and attend and call on ATM Centre and shall not depute any other person whomsoever to use ATM Card.

6) DELAY IN TRANSACTIONS

The Bank is and shall not be held responsible for any loss or damage or incontinence caused to the cardholder if the cardholder is not honored in the desired manner for whatsoever reason disrupted due to failure of software / hardware or exhaustion of cash in ATM Centre. However Bank will take reasonable care in servicing the cardholder.

7) CARD OWNERSHIP

The Card is and shall remain the property of the Bank and will be surrendered to the Bank upon request or in the event of cardholder no longer requiring the service.

8) SAFETY OF THE CARD

The Cardholder shall take all reasonable and necessary care and precaution and ensure that the Card should not lost, misplaced, stolen or misused. Further the cardholder hereby agree to indemnify and keep indemnified at all times, for Bank against any loss, cost, expenses, damages, payment or liability of whatsoever nature and extent, arising out of his or any other person/s negligence, mistake, fraud or any fault to the Bank, in relation to the ATM facility.

9) LOSS OR THEFT OF THE CARD

The cardholder shall advice the branch as prompt as possible in writing of the loss of the Card howsoever off coming. The cardholder shall however be responsible for all transactions effected by use of the card until it is on confiscated / cancelled it is mandatory on the part of the cardholder to lodge police complaint at the nearest police station where the incidence of theft occurs at the earliest possible and in any event prior to application for fresh card the fresh card will be issued to the cardholder after recovering the minimum charges after executing indemnity bond in favor of the Bank.

10) MUTILATED / DAMAGED CARD

In case of mutilated / damaged ATM Card duplicate shall be issued to the cardholder after recovering the minimum Charges and after executing indemnity bond prescribed by the Bank in such event an original card shall be surrendered to the Bank.

11) CHANGE IN STATUS OF SAVING / CURRENT ACCOUNT

Any change in mode of operation of Savings / Current account of the cardholder by way of closure, transfer of any other such way will not be allowed, unless the card is surrendered and dude if any against it are paid.

12) DE-LISTING OF CARD

A card can be de-listed for

• loss of card • misuse of card • expiry of validity period of card • damage of card • on specific request form the cardholder • option of customer withdrawing from the scheme • demise/lunacy/insolvency of the cardholder • any other eventuality such as police case, judicial order, operation of law etc., which may demand de-listing.

13) TRANSACTION RECORD

A cardholder shall accept the Bank's record of transactions as final conclusive and binding for all purposes.

14) VALIDITY PERIOD

The validity period of the card shall be 5 years from the date of issuance.

15) NOTICE TO WITHDRAW DEPOSIT / CLOSING THE ACCOUNT

If the cardholder desires to close his / her Savings / Current account or even otherwise decides to terminate the use of ATM Card facility he / she shall forthwith surrender the card at the branch and obtain a valid receipt thereof.

16) DRAWING LIMIT FIXATION

Cash limit for Saving Bank account and Current Bank account should not be more than Rs. 25,000/- per day.

17) CHANGE IN PIN

Change in pin and / or issuance of replacement card shall not amount to or interpreted a fresh contract.

18) CHANGE OF TERMS & CONDITIONS

The bank reserves the right to act or to delete any / or to vary any one of these terms & conditions of any time without any notice.

19) IRREVOCABILITY OF POWERS

All authorization and powers conferred herein on the bank are irrevocable.

20) ATM CENTRES AND USAGE OF THE ATM CARD

The card holder shall use the card to operated only the designated accounts. This facility is available to all the ATM Centres of **ANNASAHEB MAGAR BANK LTD.**

Signature of Card Holder