



अण्णासाहेब मगर सहकारी बँक मर्यादित

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

☎ : ०२०-२७१२३५७९, २७११००१७ फॅक्स : ०२०-२७१२४४८०

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

CURRENT ACCOUNT
OPENING FORM

BRANCH

Customer ID.		Account No.	
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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 advise 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									

As per the above mentioned details, I confirm that I am holding an account with **Annasaheb MagarCo.Op. Bank Ltd., Pune** for over 6 months. I personally know the Applicant(s) _____ detailed here in for about _____ months/years and I confirm that Applicant's details and address stated in this application are correct to the best of my knowledge.

Introducer's Signature & Date	<i>For Bank Use Only</i>		
	<input type="checkbox"/> Introducer's Signature Verified		Signature & Date
	Name of the Verifying Officer		
	Designation		
	Employee Code		

NOMINATION

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 bank deposit. I/we nominate the following person to whom the amount of the deposit, may be returned to in the event of my our/minor's death. (Only one person can be nominated per account

Name of Nominee																								
Address																								
Age		Relation with depositor																						

*As the nominee is minor on his date, I/we appoint the following person to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority period of the nominee.

Name															Age		
Address																	
Signature / Thumb Impression* of Depositor(s) shall be attested by witness	Witness																
	Signature																
	Name																
	Address																

DECLARATION

I/We declare confirm agree : (a) that all the particulars and information given in the Application Form are true, correct, complete and upto date in all respects and I/We have not withheld any information. (b) that the rules of Savings Bank Account of the Bank have been read by ME/US and that I/We accept them as binding upon me/us.

Applicant's Signature & Date				
	Applicant (1)	Applicant (2)	Applicant (3)	Applicant (4)

FOR BANK'S USE ONLY

Account Opened on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Clerk

Signature of Officer

Signature of Manager



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CIF (Customer Information Form) of KYC

Date

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

Customer ID

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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

<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR	FIRST NAME	MIDDLE NAME	LAST NAME

<input type="checkbox"/> MR <input type="checkbox"/> MRS	FATHER / SPOUSE NAME	MIDDLE NAME	LAST NAME

Date of birth

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

Gender : Male Female

Marital status : Single Married

RESIDENCE ADDRESS

Building	
Street / Locality	
City / District	Pin Code
Phone No.	Mobile No.
E-mail ID	

PLACE OF WORK & ADDRESS

Company Name	
Building	
Street / Locality	
City / District	Pin Code
Phone No.	Mobile No.

Community

Hindu Muslim Christian

Caste

Open SC. ST.

Buddhist Parsi Sikh

OBC Other

Occupation

Salaried Business Student

Self Employed / Professional House Wife Retired

**If Self
Employed**

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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PARTICULARS OF IDENTIFICATION

1. Copy of the Passport alone where the address on the passport is the same as the address on the account opening form (OR)
 2. Any other document from each of the under-noted 2 lists, of 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 assessment 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

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

INTRODUCTION FROM AN EXISTING ACCOUNTHOLDER 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 BANK OFFICE USE ONLY

Information entered by :

Employee Number

Signature of Clerk

Employee Number

Signature of Officer



आपल्या आर्थिक आरोग्याची काळजी घेणारी फॅमिली बँक // **AMS BANK**

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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"/> / Aircel <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