Colour	Merchants' C	o-operative I	Bank Ltd.
H.O Since 1971		1. Ph. : 2214 4708, 2214 4780 Fax hk.co.in • Website : www.cmcbank.o AIPUR, SATELLITE	: 2211 1311 co.in
SAVINGS	FIXED DEPOSIT/RECURRING D		ORM
Branch		Date	D D M M Y Y Y Y
Customer ID	Account N r account with your branch / bank.		
	Recurring Term Deposit		
FULL NAME IN CAPITAL LETTER			F BIRTH
First Name	Middle Name	Last Name	
2		DDN	
3		DDN	
Minor Sr. Citizen	Super Sr. Citizen	Ex. Staff Other / Ger	neral
Name of The Guardian (In Case of			
Address			
Permanent Address		Phone No.	<u></u>
		(R) (O)	
E-mail	Pin	(M)	
Correspondence Address		(R) (R)	
		(0)	
	Pin	(M)	
Name of Account	1	с. Г. С	1. 
Name 1	Name 2	Name 3	MODE OF OPERATION
			Self
			Either or Survivor
Please	Please	Please	Jointly
affix your affix your latest passport latest passport		affix your latest passport	Former or Survivor
size Photograph size Photograph here here		size Photograph here	Any one or Survivor/s
			Guardian
			Other (PI. Specify)
Signature	Signature	Signatúre	]
CIF ID1	CIF ID2	CIF ID3	

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IN CASE OF FIXED DEPOSIT						
Fixed Deposit Cumulative Deposit Recurring Deposit						
Amount Years	Months Days.					
Payment of Interest amount 🗌 Monthly 🗌 Quarterly						
By Transfer to my/our account No	with CMC Bank Branch.					
By ECS Bank Branch	IFSC Code					
MICR Code Account No.						
I/We authorised CMC Bank to set standing instruct						
그렇게 잘 상황할 수 있었다. 것 같은 것 같은 데이지 않는 것은 것을 가지 않는 것 수가 있는 것 같은 것 같	hereby declare that the date of birth of minor,					
is D D M M Y Y Y Y who is my						
	Y Y (copy enclosed). I shall represent the said minor in all future transactions					
of any description in the above account, until the sa	aid minor attains majority. I indemnity the bank against the claim of the above					
minor for any withdrawal/transactions made by me in	in his/her account.					
Date: D D M M Y Y Y Y	Signature of Guardian					
I / We wish to avail following E-Banking Ser	rvices.					
Internet Banking (Separate Form to be fille	ed)					
I/We request you to issue new Rupay Card	d					
Name to be embossed on ATM Card						
I with to register my account for M-Messag						
E-Statement : Frequency : Monthly / Quart	terly / Yearly					
In Case of joint accounts, all accounts holders m	nust sign. (s) via the channels selected and authorize Colour Merchants' Co-operative					
Bank Ltd. and we accept and agree to be bound by	the said terms and conditions for the use of the above selected services.					
NAME						
1.	Signature					
2.	Signature					
NAME_           3.	Signature					
0.						
	KYC DETAILS					
A) For Normal Saving Accunt PAN	id till date)					
Any other of the followings (Document should be vali Passport Driving Licence Aadhar Card						
B) For Small Saving Account PAN	<b>OR</b> Form No. 60					
1. Identity card with photograph issued by Central/State Govt. Depts., Statutory/Regulatory Authonities, Public Sector Undertakings, Scheduled commercial bank, and Public Einancial Institution						
<ol> <li>Letter issued by a Gazetted Officer, with duly attested photograph of the person.</li> <li>Utility bill (not more than two months old.)</li> <li>Presectives Municipal Tex receipt</li> </ol>						
<ol> <li>Property or Municipal Tax receipt.</li> <li>Bank account or post office savings bank account passbook.</li> <li>Bank account or post office savings bank account passbook.</li> <li>Pension of family pension payment orders issued to retired employee by Govt. Dept., or Public Sector Undertakings, if they contain the address.</li> <li>Pension of family pension payment orders issued to retired employee by Govt. Dept., or Public Sector Undertakings, if they contain the address.</li> </ol>						
<ol> <li>Letter of allotment of accommodation from employer issued by State or Central GoV. Dept., Statutory / Regulatory Jodies, Public sector uncertaining, constance commodation.</li> <li>Financial Institutions and listed companies. Leave &amp; License agreements with such employers allotting official accommodation.</li> </ol>						
Decelaration     I/We understand that My / our account is opened as a small savings account with limited identity documents by applying simplified procedure.     I/We understand that My / our account is opened as a small savings account with limited identity documents by applying simplified procedure.						
<ul> <li>I/We understand that My /our account is opened as a small savings account with limited identity documents by applying simplifying simplif</li></ul>						
	these conditions till I / We turnished full KYC documents to the satisfaction of the bank. ccounts prescribe by Reserve Bank of India from time to time will be applicable to my/our account.					
Signature : 1	2 3					
orginataro i						

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Occupation	Salaried S	elf Employed Drofessional	Business Stude	ent Retired	Agriculture & Allied
Education	Non Matric Under	graduate 🗌 Grad./Post G	Grad. Gen. (B.Sc., M.Com., etc.	) Grad./Post-Grad. Professi	onal (BE, MBA, MBBS etc.)
If salaried, employed with	Public Ltd. Co.	Pvt. Ltd. Co.	Govt. Sector	Multinational	Institution
Company - Grade	Clerk	Officer	Junior Mgmt.	Middle Mgmt.	Senior Mgmt.
If Self-Employed / Professional	CA	Engr.	Doctor	Proprietorship	Partnership
Monthly Household Income (Rs.	) Upto 5,000	5,001-20,000	20,001-50,000	50,001-1,00,000	>1,00,000

## **NOMINATION (Nomination Form DA-1)**

(Nomination under Sec. 45 ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Co operative Societies (Nomination) Rules. 1985 in respect of bank deposit

I/We (Name & Address)\_

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Colour Merchants' Co-operative Bank Ltd.,\_\_\_\_ Branch

Nature of Deposit	Distinctive No.	Name, Age and Address of Nominee	Relationship with Depositor	If Minor Birth Date	Other Details
As nominee is minor on this date I/We appoint Mr./Ms. Address					

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to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minors/death during the minority of the nominee.

We do not want to nominate any person in this regard.

Witness ( :	_ Witness :	
Signature :	Signature :	
Name :	_ Name :	
Address :		
Place :		
Date :	_ Date :	
Signature of Depositor/s (1)	(2) (3) _	
DA1 ACKI	IOWLEDGEMENT	
12. DA1 Acknowledgement	· · · ·	
Account No Name of Depositor _		
Nomination in favour of	dated	
registered in the books of the Bank. Kindly note that in case of	a nominee being a Non-Resident Indian,	the repartition of funds will be
subject to the guidelines of RBI		
Place :		
Date :	Branch Ma	anager / Officer

## Rules governing maintenance and conduct of Saving Bank Accounts

- Resident Indian national Individual/s competent to contract can singly or jointly open a Savings bank a/c. by offering acceptable introduction, KYC
  documents and two copies of their latest Pass Port size photographs with initial cash deposit of Rs. 1000/- or the amount that may be decided by
  Bank from time to time. For opening "Small Saving Account" without cheque-book facility, initial cash deposit is Rs. 100/-.
- 2. A literate minor above the age of 10 years can open his/her SB a/c. individually without cheque book facility.
- 3. Cheques/Bill of Exchange/Dividend-interest warrants/Drafts drawn in favour of a/c. holder having duly introduced a/c. are collectible. No such instruments payable to third party or endorsed in favour of a/c. holder shall be accepted for collection in SB a/c.
- 4. Simple Interest @ 4% per annum calculated on daily balances on half yearly basis to SB a/c. is payable. However rate of interest, method of calculation and periodicity are subject to RBI directives from time to time.
- 5. SB a/c. holders shall be supplied with Pass Book without extra charges. However, request for duplicate Pass Book in the event of loss of original one shall be entertained on payment of Rs. 50/- subject to changes from time to time. No addition, alteration, deletion in figures/ writings except those made by Bank officials with authenticity in Pass Book are binding to bank.
- 6. SB a/c. holder should get Pass Book updated regularly in his/her own interest. Any discrepancy in Credit/Debit entry or credit balance should be notified to the Manager immediately.
- 7. Pass Book and cheque book are important security documents. Please keep them in a place of security under lock and key. Amount in words and figures in cheques should be written clearly and distinctly leaving no room for alteration or insertions therein.
- 8. Nomination facility is available to the a/c. holders. Subsequent variation, cancellation and re-registration of nomination is entertained.
- 9. Bank has got undisputed right to close unsatisfactory a/cs. with due notice. Those a/cs. wherein Inward cheques/Dr. ECS had to be returned frequently for want of sufficient funds shall be closed by the bank with prior notice.
- 10. Cheque book standing instruction, Dr. ECS, signature verification charges shall be recovered at the prevailing rates at the time of issuance/acceptance/verification.
- 11. For opening "Small Saving Account" contact Manager. Conduct and maintenance of such a/cs. shall be as per RBI/Banks BODs Policies.
- 12. Deposits upto Rs. 1/- lac are insured by DICGC as per their rules.
- 13. Savings a/cs. without cheque book facility can be operated with Bank's preprinted withdrawal forms. Introduced savings a/c. holders with an average credit balance of Rs. 1000/- and above shall be provided with cheque books for operation of a/cs.
- 14. Issuing a cheque of Rs. 10/- or less in value is prohibited. Likewise a/c. holders are permitted to draw maximum 10 cheques per month on bank. Bank reserves it's discretion to honour or return cheques drawn on it in violation of this rule. In the event, if cheques honoured in violation of this rule, bank may levy extra charges at it's sole discretion.
- 15. Bank shall accept and record "Stop Payment" instruction of the a/c. holder with recovery of stipulated charges. However, bank shall not be liable for any losses caused to a/c. holder in the event payment of countermanded cheque before receipt of such instruction.
- 16. Account holder is permitted to close his/her a/c. any time, provided bank's rules/rights & charges are not infringed.
- 17. Account holder/s will have to surrender unused cheque leaves to the bank while closing a/c. interest shall be paid for completed months as per rule specified hereabove subject to changes made therein by RBI/BOD of bank from time to time. If a/c. is requested to be closed by a/c. holder within one year from the date of opening, Rs. 100/- shall be levied in such cases.
- 18. Bank reserves right to effect changes in above rules, rate of interest without notice.
- 19. In his/her/their own interest a/c. holder/s should notify bank about change in address and nominee. Bank shall not be liable for any losses that may cause to a/c. holder/s upon his/her their failure to notify Bank in this regard.
- 20. Bank enjoys its paramount "charges of lien", "Right of set off" and "Right of appropriation" against credit/debit balances lying in different a/c/s/instruments tendered for collection while transacting and rendering normal banking business.

Signature : 1 2	3				
FOR OFFICE USE ONLY					
Account No.	Date of Opening D D M M Y Y Y				
Risk Profile :       Low       Medium       High         Enclosure Details :       No.of KYC Documents enclosed :					
Declaration by the Branch : I hereby certify that this account opening form is completed in all respects and relevant documents have obtained as per the KYC policy of the Bank & RBI (as amended from time to time) and the same are verified with original documents and also performed due diligence to verify the genuineness of the customer.					

Name :	_ Emp. ID	: Designation :	Signature :	a -
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