



Colour Merchants' Co-operative Bank Ltd.

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BRANCH : RAIPUR, SATELLITE

SAVINGS/FIXED DEPOSIT/RECURRING DEPOSIT ACCOUNT OPENING FORM

Branch Date

Customer ID Account No.

I/We request you to open my/our account with your branch / bank. Tick (✓) relevant Type Account

Type of Account : ☐ Savings ☐ Recurring ☐ Term Deposit ☐ Fixed Term Deposit

FULL NAME IN CAPITAL LETTERS

First Name

Middle Name

Last Name

DATE OF BIRTH

M/F/T

1.

2.

3.

☐ Minor ☐ Sr. Citizen ☐ Super Sr. Citizen ☐ Staff ☐ Ex. Staff ☐ Other / General

Name of The Guardian (In Case of Minor)

Address

Permanent Address

Phone No.

(R)
(O)
(M)

E-mail

Correspondence Address

Phone No.

(R)
(O)
(M)

Name of Account

Name 1 Name 2 Name 3 MODE OF OPERATION

Please affix your latest passport size Photograph here

Please affix your latest passport size Photograph here

Please affix your latest passport size Photograph here

☐ Self
☐ Either or Survivor
☐ Jointly
☐ Former or Survivor
☐ Any one or Survivor/s
☐ Guardian
☐ Other (Pl. Specify)

Signature

Signature

Signature

CIF ID1

CIF ID2

CIF ID3

☐ Fixed Deposit ☐ Cumulative Deposit ☐ Recurring Deposit

Payment of Interest amount ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ On Maturity

☐ By Transfer to my/our account No. _____ with CMC Bank _____ Branch.

☐ By ECS Bank _____ Branch _____ IFSC Code _____

MICR Code _____ Account No. _____

[illegible]

I _____ hereby declare that the date of birth of minor,
is

D	D	M	M	Y	Y	Y	Y
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 who is my _____ and I am his/her natural and lawful guardian / guardian
appointed by court order, dated

D	D	M	M	Y	Y	Y	Y
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 (copy enclosed). I shall represent the said minor in all future transactions
of any description in the above account, until the said minor attains majority. I indemnify the bank against the claim of the above
minor for any withdrawal/transactions made by me in his/her account.

Date :

D	D	M	M	Y	Y	Y	Y
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Signature of Guardian

☐ Internet Banking (Separate Form to be filled)

☐ I/We request you to issue new Rupay Card

☐ Name to be embossed on ATM Card

☐ I wish to register my account for M-Messaging My Mobile Number

☐ E-Statement : Frequency : Monthly / Quarterly / Yearly

I /We authorize the applicant to access the account(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

[illegible]

Signature

NAME _____

[illegible]

Signature _____

NAME _____

[illegible]

Signature _____

A) For Normal Saving Account ☐ PAN

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OR ☐ Form No. 60

Any other of the followings (Document should be valid till date)

☐ Passport ☐ Driving Licence ☐ Aadhar Card ☐ Voter's Identity Card ☐ Job Card issued by NAREGA

B) For Small Saving Account ☐ PAN

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OR ☐ Form No. 60

Any one of the following

- Any one of the following
1. Identity card with photograph issued by Central/State Govt. Depts., Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Bank, and Public Financial Institution.
 2. Letter issued by a Gazetted Officer, with duly attested photograph of the person.
 3. Utility bill (not more than two months old.)
 4. Property or Municipal Tax receipt.
 5. Bank account or post office savings bank account passbook.
 6. Pension of family pension payment orders issued to retired employee by Govt. Dept., or Public Sector Undertakings, if they contain the address.
 7. Letter of allotment of accommodation from employer issued by State or Central Govt. Dept., Statutory / Regulatory bodies, Public sector undertakings, scheduled comm. Banks, Financial Institutions and listed companies. Leave & License agreements with such employers allotting official accommodation.

Deceleration

- 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 and agree that being a small account (1) Balance in my/our account in any day will not exceed Rs. 50,000/- (2) Total of Credit amount in a financial year will not exceed Rs. 1,00,000/- and (3) Amount withdrawals by all means from my/our account will be restricted upto Rs. 10,000/- per month, and further agree that bank will restrict the amount of withdrawals from my/our account upon breach of any of these conditions till I / We furnished full KYC documents to the satisfaction of the bank.
- I/We understand that the rules and regulations for small savings accounts prescribe by Reserve Bank of India from time to time will be applicable to my/our account.

Signature :

1

2

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ADDITIONAL PERSONAL INFORMATION (OPTIONAL)

Occupation ☐ Salaried ☐ Self Employed Professional ☐ Business ☐ Student ☐ Retired ☐ Agriculture & Allied

Education ☐ Non Matric ☐ Undergraduate ☐ Grad./Post Grad. Gen. (B.Sc., M.Com., etc.) ☐ Grad./Post-Grad. Professional (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 _____

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 : _____

Address : _____

Place : _____

Place : _____

Date : _____

Date : _____

Signature of Depositor/s (1) _____ (2) _____ (3) _____

DA1 ACKNOWLEDGEMENT**12. DA1 Acknowledgement**

Account No. _____ Name of Depositor _____

Nomination in favour of _____ dated _____ has been 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 Manager / Officer

Rules governing maintenance and conduct of Saving Bank Accounts

- Signature : 1 2 3

FOR OFFICE USE ONLY

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 : _____