

ENJOY BENEFIT OF INTEREST ON DAILY PRODUCT BASIS ON

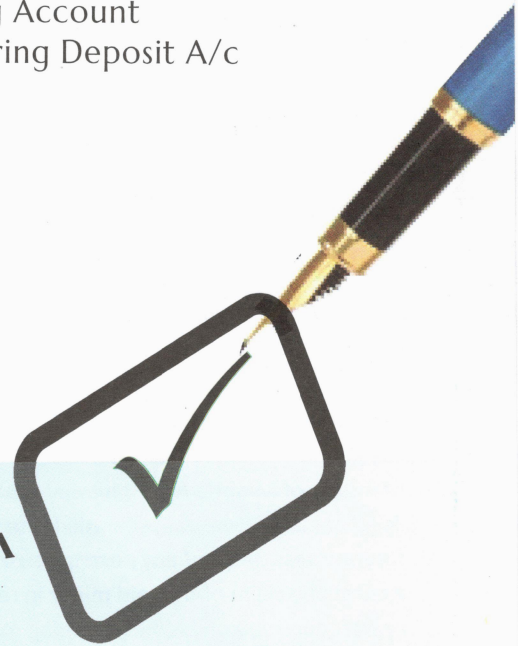
SAVINGS ACCOUNT

For INDIVIDUALS & HUFs



Open with us :-

- Shagun Saving Account
- Janta Saving Account
- Super Saving Account
- Noble Saving Account
- Term/Recurring Deposit A/c



ACCOUNT OPENING FORM

Name

A/c No.

Customer ID

Risk Classification Stamp

Branch

Date :

The Manager

I/We request you to open Shagun Saving / Janta Saving / Super Saving / Noble Saving Account / Fixed or Recurring Deposit Account in the Name of

My/Our personal and general details are as under :

Name of Account Holder	Name of Father/Husband (as applicable)	Gender	Date of Birth	If married (Date of Marriage)

Correspondence Address :

City : Pin Code : State : Telephone No. :

Permanent Address :

City : Pin Code : State : Telephone No. :

E-mail ID : Mobile No. (For SMS service)

(Separate KYC Form will be filled by each depositor)

Mode of Operation :- Single Joint Either or Survivor

Standing Instructions (if any) :

Mandate of Minor's A/c : I hereby declare that the date of birth of the above minor, who is my (relation with minor)..... is year old (date of birth.....) (copy of proof enclosed). I shall represent the said minor in all future transactions of any description in the said account until the said minor attains majority. I undertake to indemnify the Bank against any claim of the said minor in respect of any transaction made by me in his/her said account. I also undertake to inform/ or introduce you on his/her attaining majority.

.....

Signature of the Guardian or Representative

Details of Introducer :-

Introduction I.....; S/o / W/o / D/o Shri

R/o :

Certify that I know the applicant(s) for the last..... Years and confirm that applicant's identity, photo, address and occupation as given in this Account Opening Form are true and correct.

Introducer's Account No. :; Signature of Introducer

.....

Nomination (Form DA 1) :-

Nomination under section 45 ZA of the Banking Regulation Act. 1949 and the rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of the Bank Deposits.

I/We named above, hereby, nominate the following persons to whom, in the event of my/our/minor's death, the amount of the deposit covered by this account may be returned by the Noble Co-operative Bank Ltd. Noida.

Deposit Details of the Customer :-

Nature of Deposit	Account No.	Additional Details (if any)

Details of Nominees :-

Nominee's Name	Relation with Account Holder	PAN	Date of Birth	Contact No.

As nominee is a minor on this date, I/We appoint the following person to receive the amount of the deposit on behalf of the nominee during the minority period of the nominee :-

Name : Relation to nominee :

Address : Age :

Signature of Depositor (1)

Signature of Depositor (2)

Signature of Depositor (3)

Name & Occupation of Witness :

Address of Witness:

Signature of Witness

The Bank, based on this application, from the authorized signatories mentioned under "Mode of Operations", in its' absolute discretion and subject to such terms and conditions, as the Bank may stipulate, can make payment/premature payment of the proceeds of the deposit at any time.

I/We request and authorize you to honour all cheques or other orders drawn by me/us, or bills of exchange or notes drawn by me/us. I/We request you to debit such cheques or other orders, bill of exchange and notes as also amounts of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I/We draw cheque/cash in excess of our credit balance in the account with the Bank, as the necessity arises, I/We undertake to repay the amounts overdrawn with interest, immediately. The bank is hereby authorized to charge interest on the amount overdrawn as per the rules of the Bank in force with or without any advice to me/us.

I/We undertake to be jointly and severally liable to you for any money owing to you in my any account with you, including your commission, interest and other charges for any debit balances arising in the account for whatsoever reason, Hence I/We request you to accept the endorsement jointly and/or severally of us on cheques, orders, bills, notes payable to us. In the event of death, insolvency or withdrawal of any of us, the survivor(s) of us, shall have full control of any money then and thereafter standing to our credit in our account with you.

I/We confirm that the rules and regulations of the Bank and the Reserve Bank of India in force of this scheme have been read by/ to me/us and I/We agree to abide and to be bound by the same. I/We also agree to abide by the rules and regulations, which may be modified from time to time. I further undertake that I will keep Bank informed in case of any change of address of correspondence/ permanent/occupation and also in case of change of mobile/telephone number, etc. I do undertake to update my KYC form time to time without delay as required by the RBI. I will also bind myself to PML Act. and assure to give transactional details whenever so required. I/We certify that the information furnished above is correct.

KYC Documents Furnished (tick against the documents received) :-

For ID Proof : 1. PAN 2. UID Adhar Card 3. Passport 4. Voter ID Card 5. Driving License

ID Proof 1 : _____ ID Proof No. : _____

ID Proof 2 : _____ ID Proof No. : _____

For Address Proof : 1. Electricity Bill 2. Passport 3. Registered Lease/Rent Agreement 4. Voter ID Card 5. Telephone Bill 6. Utility Bill
Gas/Water

Address Proof No. 1 : _____ Address Proof No. 2 : _____

Signature of Depositor (1)

Signature of Depositor (2)

Signature of Depositor (3)

FOR OFFICE USE ONLY

Introducer's signature verified by :..... KYC Documents received and verified by :.....

Letter of thanks sent to the account holder and introducer on :..... Signature Scanned By :.....

Account opened in system by :..... Account opening formalities checked by :.....

Account supervised in system by :..... Account authorized by :.....

Physical Verification done by (in case of physical verification) :.....

Signature of Branch Manager

Stamp of Branch

SPECIMEN SIGNATURE CARD



NOBLE CO-OPERATIVE BANK LTD.

Customer Unique No.

A/c No. :

Date :

Title of Account _____

Address _____

Pin _____ Phone : Office/Residence _____

Photograph-1

Photograph-2

Photograph-3

Name :

Mob. No.

Signature 1

Name :

Mob. No.

Signature 2

Name :

Mob. No.

Signature 3

Mode of Operation Single Joint Either or Survivor Former or Survivor

Other (Specify) _____

Stamp of Branch

Signature of Branch Manager