ALIBAG CO-OP. URBAN BANK LTD.

आपली जिव्हाळ्याची बँक

H. 0. Maharshi Karve Road, Alibag, Dist. Raigad, Pin -402 201. Ph. : 02141-224464

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS / खाते चालू करणेसाठी अर्ज

Branch /शाखा : _____ Date /दिनांक : D D M M Y Y Y Y

Account No. खाते क्र. _____ Customer ID / ग्राहक क्र.: _____

Please open an account as per details given below (☑whichever is applicable) /खालील माहितीवर आधारीत खाते उघडावे.☑(योग्य जागी ही खूण करावी.)

☐ बचत खाते SAVINGS BANK ☐ करंट खाते CURRENT ☐ मुदत ठेव खाते FIX DEPOSIT ☐ रिकरिंग खाते RECURRING

Term Deposit : Amount (Rs.) _____ Rate of Interest % Auto Renewal ☐ Yes

Period : _____ Year/s _____ Month/s _____ Day/s ☐ No

Recurring Deposit : Amount (Rs.) _____ Rate Of Interest % Period : _____

1st Applicant's Name Mr/Mrs/Ms/M/s.
पहिल्या अर्जदाराचे नाव : श्री/श्रीमती/कु./मे. _____ Age/वय ____

Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: _____

Eductional Qualification _____ Marial Status- ☐ Singal ☐ Married ☐ Other
शैक्षणिक पात्रता

Religion: _____ Category: ☐ General ☐ OBC ☐ SC
धर्म ☐ ST ☐ NT ☐ MINORITY

Occupation: _____ Contact No.: _____ Nationality- Indian
व्यवसाय

Email: _____ PAN NO.: _____

AADHAR NO.: _____

Address/ संपुर्ण पत्ता: _____

_____

2nd Applicant's Name Mr/Mrs/Ms/M/s.
दुसऱ्या संयुक्त अर्जदाराचे नाव श्री/श्रीमती/कु./मे. _____ Age/वय ____

Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: _____

Eductional Qualification _____ Marial Status- ☐ Singal ☐ Married ☐ Other
शैक्षणिक पात्रता

Religion: _____ Caste: _____ Category: ☐ General ☐ OBC ☐ SC
धर्म जात ☐ ST ☐ NT ☐ MINORITY

Occupation: _____ Contact No. _____ Nationality- Indian
व्यवसाय

Email: _____ PAN NO.: _____

AADHAR NO.: _____

Address/ संपुर्ण पत्ता: _____

_____

3rd Applicant's Name Mr/Mrs/Ms/M/s.
तिसऱ्या संयुंक्त अर्जदाराचे नाव :श्री/श्रीमती/कु./मे. _____ Age/वय ____

Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: _____

Eductional Qualification _____ Marial Status- ☐ Singal ☐ Married ☐ Other
शैक्षणिक पात्रता

Religion: _____ Caste: _____ Category: ☐ General ☐ OBC ☐ SC
धर्म जात ☐ ST ☐ NT ☐ MINORITY

Occupation: _____ Contact No.: _____ Nationality- Indian
व्यवसाय

Email: ____________________ PAN NO.: [ ]

AADHAR NO.: [ ]

Address/ संपुर्ण पत्ता: ____________________

____

Operating instructions खाते वापराविषयी सुचना ☐ Single/स्वत: ☐ Joint/संयुक्त ☐ Either or Survivor/दोघांपैकी एक अथवा हयात ☐ Former or Survivor/ प्रथम अथवा हयात ☐ Minor by Guardian/ अज्ञान पालनकर्ता ☐ Other (Please Specify) / इतर (तपशिल) ____________

Standing instructions महत्वाची सुचना ☐ माझे / आमचे बचत खाते क्र. मधून दरमहा रुपये रिकरिंग/ कर्ज खाते नं. ला जमा करावेत.

SMS Alert ☐ Yes ☐ No

For Minor's Account / अज्ञान अर्जदाराचे खातेविषयी

Declaration by Guardian in case of Minor applicant / अर्जदार अज्ञान असल्यास पालनकर्त्यांचा जाहीरनामा :

I hereby declare that the date of birth of minor who is my -------------------------------- is true and correct and I am his/ her natural guardian / appointed by the court order (copy enclosed). I shall represent the said minor in all future transactions of any description in the above until the said minor attains majority indemnify the bank against the claim of above minor for any withdrawal/ transactions made by me in his/ her accounts.

मी जाहीर करतो/करते की माझा/माझी .... जी/जो अज्ञान आहे, ची जन्मतारीख: [D D M M Y Y Y Y] आहे. मी तिचा / त्याचा (तिची/त्याची) नैसर्गिक/न्यायालयाने नेमून दिलेला कायदेशीर पालक आहे (दाखल्याची प्रत जोडलेली आहे). वर उल्लेखित अज्ञान व्यक्ती सज्ञान होईपर्यंत मी त्याचे/तिचे प्रतिनिधित्व सर्व व्यवहारांकरिता करेन. त्याच्या/तिच्या खात्यातील केलेल्या कोणत्याही व्यवहाराविषयी / अज्ञान व्यक्तीच्या दाव्यापासून बँकेच्या बचावाची मी तरतूद करीत आहे.

Guardian's Signature: [ ]

That the information Furnished as abou is true and correct to the best or my / our knowledge

INTRODUCTION DETAILS: खातेदाराचा परिचय करुन देणाऱ्याचे नाव व सही

Introducer's Name: ____________________

Branch: ____________ Type Of Account: ____________ Account No: [ ]

I know the applicant/s for the last ________month / years, I confirm the identity, Occupation and Address of the applicant/s.

Date: [ ] **Introducer's Signature:** ____________

Declaration /जाहिरनामा

I/we have read & understood the terms & conditions. I/We accept & agree to be bound by terms & conditions applicable from time to time. I/We agree that Bank may debit my/our account for service charges as applicable from time to time for the use of required services. मी/आम्ही नियम वाचले व समजून घेतले. मला/आम्हाला सर्व नियम मान्य असून, नियमांत वेळोवेळी होणारे बदल पाळण्यास आम्ही बांधील आहोत. माझ्या / आमच्या खात्यातून वेळोवेळी आवश्यक असणारे सर्व्हिस चार्जेस घेण्यास माझी / आमची मान्यता आहे.

SPECIMEN SIGNATURE

1st Applicant	2nd Applicant	3rd Applicant
Please affix a photograph with Signature Across	Please affix a photograph with Signature Across	Please affix a photograph with Signature Across
Signature	Signature	Signature
Name : ____________	Name : ____________	Name : ____________

FOR BANK'S USE ONLY Introducers Customer No.: [ ]

Address of the applicant/s has been confirmed on the basis of ____________

Photograph/s has / have been affixed and signed in my presence.

Applicant / Introducer has / have signed in my presence ____________

Introduction confirmation letter sent to the Introducer on ____________

Confirmation received on ____________ Introducer's Signature & on confirmation letter verified by me.

Signature of Branch Official

= =

DOCUMENTS ATTACHED

☐ Ration card ☐ Aadhar Card ☐ Pan Card ☐ Driving license ☐ Voter's Identity Card ☐ Passport

☐ Copy of the electricity bill or telephone bill showing residential address

☐ Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address

NOMINATION FORM

FORM FOR NOMINATION, CANCELLATION OF NOMINATION AND VARIATION OF NOMINATION IN RESPECT OF THE BANK DEPOSITS, ARTICLES IN SAFE CUSTODY AND SAFETY LOCKERS

(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025)

Bank Name: _____ **Branch:** _____

Customer ID/Account No./Locker No.: _____

1. Bank Customer details including deposit/article in safe custody/locker: -

(*Nomination form is in respect of bank deposit/article in safe custody/locker)

***Name of Depositor/individual leaving article in safe custody/Hirer of a locker:**

1. _____
2. _____
3. _____
4. _____

***Account Number/locker Number/Other identification number of bank customer:** _____

***Nature of deposit/nature of articles/nature of locker:** _____

Distinguishing Number: _____

Additional details, if any: _____

*Strike out whatever is not relevant

^The bank may translate this form in a language in which individual signing understands

2. Nomination Details

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) or the articles in safe custody or the contents of the locker in respect of the particulars above mentioned in the event of my/our death:

Serial Number	Name of Nominee	&Address	&Email/Mobile number, if any	Relationship with bank customer, if any	Age (DOB)	Order of priority in case of successive nomination	#Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.						First Nominee	
2.						Second Nominee	
3.						Third Nominee	
4.						Fourth Nominee	

In case of nomination in respect of the article in safe custody or locker, this column is to be deleted.

& The bank may allow to modify these details in e-nomination from time to time, if required.

Note:

(i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.

(ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.

(iii) Column (H) above is not applicable in case of nomination in respect of the articles in safe custody/lockers.

(iv) In respect of the deposits, out of column (G) and (H), only one column is to be filled.

(v) Total percentage across all nominees in column (H) must equal 100%.

(vi) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B)

3. Cancellation of Nomination/Variation of Nomination

I/We _____, the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me/us in respect of the deposit/article in safe custody/locker described above. I/We declare that the above nomination has the effect of cancelling previous nominations in respect of the bank deposit/ article in custody of bank/locker.

4. Guardian Details (if any nominee is a minor)

Serial Number	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Age	Email/Mobile number of guardians, if any
1.						
2.						
3.						
4.						

5. Declaration & Signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned accounts(s).

Name of Depositor(s) **@Signature/E-authentication date**

Witness 1: Name and Signature **Witness 2: Name and Signature**

@In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.

6. Acknowledgement (For Bank Use Only)

Received Nomination Form from: _____

Customer ID: _____

Date of Receipt: _____ /_____ /_____

Recorded on CBS / Core Banking System: Yes / No

Reference Number: _____

Signature of Bank Official: _____

Name & Designation: _____

Seal & Date: _____

Instructions for Bank Customer:

1. You may nominate more than one individual, with clearly defined share percentages.

2. You may appoint successive nominees. In case of successive nomination, nomination shall be effective only in favour of one individual in order of priority in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination.

3. Nomination is applicable to all bank accounts/lockers/articles detailed above unless otherwise specified.

4. This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables e-nomination.

5. If deposit is made in the name of minor or article is left in safe custody in the name of minor or locker is solely hired in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

**ANNEXURE FOR NO NOMINATION / CANCELLATION OF NOMINATION

Customer Name: _____

***Account No./Locker No./Other Identification No.**_____

I/We have understood the benefits of nominations and do not wish to nominate any of the nominee due to below reason: -

- ☐ Personal reason (others)
- ☐ I wish to nominate later, since I do not have the details of the nominee now
- ☐ I do not wish to nominate anyone
- ☐ I will add a joint holder to this account later

Only to be taken when an account holder opts for **No Nomination / Cancellation of Nomination.

Signature(s) of all holders(s): -

…… …… …… ……

For Bank Use Only

Date of Receipt: _____ /_____ /_____

Reference Number: _____

Signature of Bank Official: _____

Name & Designation: _____

Seal & Date: _____