

	Date	
	Branch	
	Cust ID	
S	A/C No.	
	CKYC ID	

(For Office Use Only)

() I'll Ed Carlot all Co oppositivo Bank Eta.	Branch					
(Multi-State Scheduled Bank)	Cust ID					
ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS	A/C No.					
	CKYC ID					
(To be filled in by the Customer)	2					
Date: A/C Type	SAVINGS / CURRENT / TERM DEPOSIT					
I/We request you to open my/our account with your bank						
Type of Account						
Saving Current Short Deposit Fixed Deposit	Deposit Reinvestment Certificate Recurring Deposit					
A) DEPOSIT DETAILS						
Payment by Cash Transfer Cheque No.	Date: D D M M Y Y Y Y					
Drawn on	nch. Debit my/ our existing account					
A/C No.	Deposit Amount ₹					
	ase write your NAME as it appears on pan card					
Please tick the appropriate boxes Please tick the appropriate boxes	ecify the addresses along with City, State & PIN Code case Countersign in full for any overwriting / alteration					
	elds marked* are MANDATORÝ					
(Mr/Mrs./Ms.) (First Name)	(Middle Name) (Surname)					
Father/Spouse Name						
Mother Name						
2nd Applicant						
Tather/Spouse Name						
Mother Name						
Brd Applicant						
Father/Spouse Name						
Mother Name						
	ARRIED MINOR PAN NUMBER*** Y/N) (Y/N)					
1st Applicant						
2nd Applicant						
3rd Applicant D M M Y Y Y *** If Minor, Please fill-up Minor Declaration section below						
*** If PAN No. is not available, please attach form 60 or 61						
Existing Customer if Yes, Cust. ID	PEP* Related to PEP					
1st Applicant	TEI Reidled to TEI					
2nd Applicant						
3rd Applicant						
OCCUPATION (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2						
Salaried Self Business Retired Employed	Student Housewife Others (Please Specify)					
1st Applicant						
2nd Applicant						
3rd Applicant						

B) MODE OF OPERATION Account will be operated by Either or Survivor Former or Survivor Jointly or Survivor Any one of us or any one of the survivors or the last survivor Minor by Guardian Any other Instruction Proof of Identitiy C) ADDRESS DETAILS Please provide complete address for faster courier deliveries. CITY COUNTRY Permanent Address of 1st Applicant⁴ CITY COUNTRY Permanent Address of 2nd Applicant CITY COUNTRY Permanent Address of 3rd Applicant CITY COUNTRY Fax No. STD Code Tel. No. (Office) Tel. No. (Residence) 1st Applicant 2nd Applicant 3rd Applicant **Email Address** Mobile Number 1st Applicant 2nd Applicant 3rd Applicant Facilities Required (Please tick ✓) Internet Banking Mobile Banking SMS Banking Debit Card "We are aware that all the E Channel product like / Rupay Debit Card / Mobile banking / SMS Banking / products that may be offered by the bank are available to us. We hereby authorize the 1st Account Holder named herein to apply, receive / download the products / applications by accepting the terms & conditions and to operate the same individually" D) MINOR DECLARATION Attach proof for minors DOB Type of Guardian : Father Mother Legal Full Name of Guardian Mr. Ms. I hereby declare that the date of birth of the minor who is my _ and I am his / her _ (copy enclosed). I shall represent the said minor in natural and lawful guardian / guardian appointed by court order, dated _ 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



OCCUPATION EX

1st APPLICANT'S PERSONAL INFORMATION						
Education Undergraduate Grad./Post Grad. Ge	n. (B. Sc, M.Com., etc.) Grad/Post Grad. Pr	rofessional (BE, MBA, MBBS etc.)				
If salaried, employed with Public Ltd. Co. Pvt.	Ltd. Co. Govt. Sector Mul	tinational Institution				
Designation Clerk Offi	cer Junior Mgmt. Mid	dle Mgmt. Senior Mgmt.				
If Self-Employed Profession CA Eng	g. Doctor Prop	orietorship Partnership				
		0,001-10,00,000 > 10,00,001				
2nd APPLICANT'S PERSONAL INFOR	MATION					
	n. (B. Sc, M.Com., etc.) Grad/Post Grad. Pr	rafessional (BE, MBA, MBBS etc.)				
		tinational Institution				
Designation Clerk Offi						
		dle Mgmt. Senior Mgmt.				
If Self-Employed Profession CA Eng		prietorship Partnership				
		0,001-10,00,000 > 10,00,001				
3rd APPLICANT'S PERSONAL INFOR						
Education Undergraduate Grad./Post Grad. Ge	n. (B. Sc, M.Com., etc.) Grad/Post Grad. Pr	rofessional (BE, MBA, MBBS etc.)				
If salaried, employed with Public Ltd. Co. Pvt.	Ltd. Co. Govt. Sector Mul	tinational Institution				
Designation Clerk Offi	cer Junior Mgmt. Mid	dle Mgmt. Senior Mgmt.				
If Self-Employed Profession CA Eng	g. Doctor , Prop	orietorship Partnership				
Annual Household Income (₹) Upto 60,000 60,0	001-1,00,000 1,00,001-5,00,000 5,00	0,001-10,00,000 > 10,00,001				
F) KNOW YOUR CUSTOMER (KYC)	DETAILS*	-				
Provide KYC document (Attach photocopies of the following control of th		onies of these documents for verification)				
PROOF OF IDENTITY (Pol)*	or a second seco	open of the control of the method,				
(Certified copy of any one of the following Proof of Identif	y (POI) needs to be submitted)					
1st APPLICANT'S	2nd APPLICANT'S	3rd APPLICANT'S				
Passport Number Passport Number						
Voter ID Card						
Pan Card Pan Card						
Driving Licence						
UID (Aadhar)						
NREGA Job Cord						
Others (any document						
PROOF OF ADDRESS (PoA)*						
CURRENT / PAYMENT/OVERSEAS ADDRESS DETAILS*						
(Certified copy of any of the following Proof of addr						
1st APPLICANT'S Address Residential	2nd APPLICANT'S	3rd APPLICANT'S Residential				
Type Registered office	Residential Registered office	Registered office				
Business	Business	Business				
Unspecified	Unspecified	Unspecified				
1st APPLICANT'S	2nd APPLICANT'S	3rd APPLICANT'S				
Proof Passport	☐ Passport	Passport				
of Address Driving Licence	Driving Licence	Driving Licence				
☐ UID (Adhaar) ☐ Voter Identity Card	☐ UID (Adhaar) ☐ Voter Identity Card	UID (Adhaar) Voter Identity Card				
NREGA Job Card	NREGA Job Card	NREGA Job Card				
Others	Others	Others				
Simplified Measures Account	Simplified Measures Account	Simplified Measures Account				
□□Document Type Code	Document Type Code	Document Type Code				

For Salary Accounts - 1	Employee Co	ode Ode				
Letter from Employ	er verifying i	dentity and current address				
	- Of					1
Introduction by a and KYC documen					X ==	Signature with Company Seal
G) You may convey pro	<mark>motional info</mark>	ormation through telephone cal	ls / sm	s / e-mail / letters - Yes	No	
				440		
X		χ		(NE)	X	
Signature of 1st c	applicant	Signa	ture o	f 2nd applicant		Signature of 3rd applicant
		ILS (FORM DA1)	Act in re	1949 and Rule 2(1) of the espect of Bank deposits.		tion 56 of the Banking Regulation Banks (Nomination) Rule 1985,
				(Address)	alamanik in Alam	shave greatest may be saturated by
		om in the event of my / our /			deposit in the	above account, may be returned by
Nature of deposit & Number	Name	& address of nominee		Relationship with depositor if any	Age	If nominee is a minor. his date of birth
						+ -
				til .		1
*As the nominee is a mir	nor on this do	ite, I / We appoint (name)			3	
30.00						(Name, Address & Age)
to receive the amount of	the deposit of	on behalf of the nominee in the	event	of my / our / minor's ded	ath during the n	ninority of the nominee.
Place :				**Sig	gnature(s)# Th	umb impression (s) of Depositors
Date : D D M M	YYY	Y		la ce	on of death o	I any of the joint holders, the amo
si On maturity please	renew / do	not renew this deposit		Signature of with the	nosit and inte	erest may be paid to surviver belo deposit.
Name(s)				Name(s) the I	naturity of the	deposit.
Addross(as)				Addressles		
** Where deposit is made	in the name o	a minor the nomination should b	oe signe	ed by a person lawfull	iled to act on be	half of the minor.
# Thumb impression sho	all be attested	by two witnesses		Sig	nature of Accou	unt Holder
Nomination Registration	No	Date D D	W	YYYYAc	knowledgment	of nomination received on
Are you a Tax Resid	ent of any	Yes No No		Yes No		Yes No
country other tha		(IF YES please fill FATCA/CR	S Self I	Declaration form separ	ately)	
1st Applicant		2nd Applicant		3rd Applicant	Signature 1:	st Applicant
					X	
Please Paste/Lat	out:	Please Paste Latest		ease Paste Latest		1.4-11
Passport Size Co	lour(Passport Size Colour Photograph here		sport Size Calaur hotograph here	X	nd Applicant
i norograph ne					1	I A P
						rd Applicant
X	A. I	Х		X	X	
DECLARATION BY	THE BRAN	CH: I hereby certify that	this rela			
account opening form is complete in all respects and relevant documents have been obtained. The Account may						
please be opened. Enclosure Detail (This information must be filled-up by the branch before sending AOF for pro-						
cessing)		The Zoroastrian Co-op. Bank	c Ltd.	Signature (D	k Official is	
Number of Pages of	NI II		-11,2	Signature of Ban whose presence	e signed &	Date: a a MM Y Y Y Y
KYC documents enclos	sed:	X Authorised Signatory		Round seal o	ואומוזכח	

X Authorised Signatory



The Zoroastrian Co-operative Bank Ltd. (Multi-State Scheduled Bank) Acknowledgement - DA 1

Date		
-		_

We acknowledge receipt of nomination n	nade by you in favour of :	
Name of the nominee	Age :	years.
with respect to your A/C Nos.		
Nomination is registered.		Yours Faithfully,
		5.0
	Signat	ture of bank official with seal
Th	e Zoroastrian Co-operative Bank (Multi-State Scheduled Bank) Acknowledgement - DA 1	Ltd. Date
Received the application from Mr/Ms		
as the 1st applicant along with		
as the 2nd applicant & 3rd applicant respec	tively for opening of saving bank account.	
Date :		Signature of bank official