



UNIVERSAL BANK

Universal Co-Operative Urban Bank Ltd.

UCUB FR No. 1001
ACCOUNT
OPENING FORM

ACCOUNT TYPE ACCOUNT No.

To, The Branch Manager, _____ Branch

Please open the Saving Bank / Current / Recurring Deposit / Term Deposit/Spl. Term Deposit / Akshaya Daily Deposit _____ Account in the under mentioned Name(s) in books of the Bank for credit of which I/We have deposited with you Rs _____

Account Title

Constitution : individual Joint Sole Proprietorship Partnership Public Ltd.,
 HUF Trusts/Clubs Society Private Ltd.,
Fill in BLOCK Letters

1) CID No.

Full Name

S/o. D/o. / W/o.

Date of Birth Age Years, Occupation

Nationality : Indian / NRE, Sex : Male / Female Mother's Maiden Name

PAN / GIR No. OR Form 60 Form 61

Proof of Identity : Aadhaar Card Driving Licence Passport Voter ID Card PAN Card
 Govt./Defence ID Card Letter from recognised public Authority/Public servant confirming identity by attesting the photograph(3) of applicants ID Card issued by reputed employer Other (Specify)

SPECIMEN SIGNATURE

2) CID No.

Full Name

S/o. D/o. / W/o.

Date of Birth Age Years, Occupation

Nationality : Indian / NRE, Sex : Male / Female Mother's Maiden Name

PAN / GIR No. OR Form 60 Form 61

Proof of Identity : Aadhaar Card Driving Licence Passport Voter ID Card PAN Card
 Govt./Defence ID Card Letter from recognised public Authority/Public servant confirming identity by attesting the photograph(3) of applicants ID Card issued by reputed employer Other (Specify)

SPECIMEN SIGNATURE

PRESENT RESIDENTIAL ADDRESS	PERMANENT ADDRESS	PROOF OF ADDRESS
H.No.	H.No.	<input type="checkbox"/> Aadhar Card
Street :	Street :	<input type="checkbox"/> IT assessment order
Town/Village :	Town/Village :	<input type="checkbox"/> Electricity bill in the same name (or) with rent letter
Mandal :	Mandal :	<input type="checkbox"/> Telephone bill
PIN :	PIN :	<input type="checkbox"/> Letter from reputed employer/Public authority
District & State	District & State	<input type="checkbox"/> Ration Card
Phone No.	Phone No.	<input type="checkbox"/> _____

- 3) a) Mode of Operation : Single Jointly E or S Former or Survivor Later of Survivor Any One Other (Specify) Mandate holder / GPA holder (Should Obtain Personal Information Letter cum Customer Due Diligence from Mandant holder/GP Aholder)
- b) Mode of Operation : For Minor's A/c's : By the Guardian / By the minor for special Minor A/c(s) (above 12 yrs age)
- 4) Purpose of Account Opening : _____ 5) Nature of Business (for Current Account) _____
- 5) For TDR / STDR / R.D. / ADD : Period _____ Years _____ Months _____ Days-Rate of int. _____
- 6) Facilities Required : Cheque Book ATM SMS Alerts to Phone No.

Nomination Required : YES / NO, If Yes...

a) I/We _____ nominate the under mentioned person as my/our nominee under section 45 ZA of the banking regulation Act 1949 and rule 2(1) of the banking companies (nomination) rules 1985 to receive the amount's of deposit As mentioned below. which may be returned by Universal Co-operative Urban Bank Ltd., Branch : _____ in the event of my/our death

Name :

Age :

(If Nominee is minor) Date of Birth

Address :

Relationship :

b) As the nominee is a minor on this date I/We appoint _____ (name, address & Age) to receive the amount of the deposit on behalf of the nominee, in the event of my/our minor at that time.

For CURRENT ACCOUNT :

Name of the Authorised Signatories

M / F

Customer ID

1) _____

M / F

2) _____

M / F

3) _____

M / F

4) _____

M / F

Documents : Firm Registration Certificate from Compantent Authority Proprietorship Leeter Partnership Letter

Board Resolution Partnership Deed Memorandum & Articles of Association, Any other (Specify) _____

Operative Instructions : As per Resolution As per Partnership Deed As per Details Mentioned

DECLARATION :

I/We hereby declare that the information given above is true and correct to the best of my/our knowledge. I/We further declare that I/We accept the terms and conditions of the deposit scheme, which are provided to me/us. I/We agree that terms and conditons may be modified by the bank from time, which will be binding on me/us for conduct of the account. And I/We agree that the bank may debit my/our account for insurance charges / any other charges as applicable from time to time.

Place :

1) _____

2) _____

Date :

Signature(s) / Thumb Impression of the Applicant(s)

Please fill in for HUF :

As our HUF firm wishes to open an account with your bank in the said name : _____ We beg to say that the first signatory to this letter, i.e _____ is the Karta of the Joint family and other signatories are the adult Co-parceners of the same family

we further confirm that, the business of the said joint family is carried on mainly by the said kartha as also by the other signatories hereto in the interest and for the benefit of the entire body co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor coparceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not our said firm registered under the said act.

We hereby undertake to inform the bank of the death or birth of aco-parceners of any change occuring at any time in the membership of our joint family during the currency of the account

Name & Signature of Kata

1) _____ Sd/- _____

Name & Signature of Adult coparceners :

1) _____ Sd/- _____

2) _____ Sd/- _____

3) _____ Sd/- _____

4) _____ Sd/- _____

Name & Date of Birth of Minor coparceners :

1) _____ DOB _____

2) _____ DOB _____

3) _____ DOB _____

Please fill in for PARTNERSHIP FIRM :

Re : Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under: We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advice you in writing of any change that takes place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and untill all such obligations shall have been liquidates

Name of the Partners & Signatures :

1) _____ Sd/- _____

2) _____ Sd/- _____

3) _____ Sd/- _____

4) _____ Sd/- _____

Please fill in for A SOLE PROPRIETORSHIP ACCOUNT :

Re : Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under: I, the undersigned, I am the Sole proprietor of the firm and I Solely responsible for liabilities thereof. I shall advice you in writing of any change that takes place in the consitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and untill at such obligations shall have been liquidates.

Your faithfully

Signature

Name :

INTRODCUTION : (by an existing Universal Co-Op. Urban Bank Account Holder)

Name of the Introducer : _____ A/c. No. _____ Operative since : _____

I certify that I have known Mr./Mrs./Miss _____ due to my acquaintance as a Relative
Spouse Friend Office Colleague Others Specify _____ for the last _____ years and confirm his/her/
their occupation and Address stated in his/her/their application to open the account

Signature of
Introducer

Signature Verified by
E.No. of Bank Official

Customer Identification Procedure : A or B or C

The form filled in completely. Signature/Thumb Impression is affixed in my presence. I have verified the Form and the copies of Documentary Proof for identify and Present Adrrsss with relative originals. I have also verified the copy of PAN CARD / Passprt wherever submitted. I have certified all document copies as VERIFIED and TURE COPY.

- A) If the applicant(s) is / are already / a customer of the branch (and has / have been subject to full KYC procedure, Please give account number SB/CA _____)
- B) Specified documents obtained / verified to ascertain the identity & proof of Current residential address of applicants(s) and held on record.
- C) Introduction as above is accepted for Customer Identification since the customer is, for the reason mentioned below, unable to submit prescribed Docuementary Proof for identity and Present Residential Address : (Customer Identification through introduction is permissible in exeptional cases only and the introducer should satisfy requirements as per the guidelines in force.) Reason for the customer failing to submit Documentary Proof identity and Adrrss : _____

Verifying Officer with Staff ID No.

Mandatory :

CUSTOMER PROFILE

Full Name : _____ Father's/Husband Name: _____

Educational Qualifications : _____ Date of Birth :

--	--	--	--	--	--	--	--	--	--

Occupation : _____ Telephone No. _____ Office : _____

Mobile Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 E-Mail ID : _____

Aadhar No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Address : _____

Source of Income : _____ Monthly Income: _____ Annual Turn Over _____

Details of Existing Credit Facilities :

a) Availed From : _____ Nature : _____ Liability _____

b) Availed From : _____ Nature : _____ Liability _____

Total (approximate) Value of Assets : _____

OPTIONAL : Marital Status : Married Single

Category : Gen SC ST OBC Minorit (Specify) _____ for Statistical Purpose only)

Name & Address of the Employer : _____

a) Source of Income : _____ b) Anticipated level / Nature of Activity : _____

Family Members : Adults : Males _____ Females _____ Minors : Males _____ Females _____

Relatives Settled at Abroad :

i) Name : _____ Address _____

ii) Name : _____ Address _____

Dealing with Other Banks :

Bank : _____ Branch : _____ Type of Account / Facilities : _____

Dealings with Our Bank :

Branch : _____ CID No. _____ Type of Account / Facilities : _____

Photo Identify Type : _____ Number : _____

Address Proof Type : _____ Dated : _____

Introducer Name : _____ A/c. No. : _____

I hereby certify that the information provided above is true and Correct to the best of my knowledge

Place : _____ 1) _____ 2) _____

Date : _____ Signature(s) / Thumb Impression of the Applicant (s)

FOR OFFICE USE ONLY
(Decision of Authorised Officer)

Recommended to Accept as Customer

1) The Applicant(s) is / are identified as per KYC-AML Guidelines. 2) Risk Categorization for the Customer(s) : Low () Medium () High ()

Recommended to Reject the Application (Reasons)

1) Identity is not established beyond doubt () 2) Documentary Proof of Identify submitted is not satisfactory () 3) Required Documentary proof of Residential Address / Identity not submitted () 4) Activity of the Applicant(s) is not clearly explained () 5) Sources of Income not Clearly Explained

Signature of the interviewing Officer & Staff ID No. _____

Decision of Branch Head / Manager :

- 1) Open the Account
- 2) (If the application is recommended for rejection)
Return original forms and Documents to the applicant keeping copies there of for future reference

Signature of Branch Manager / Branch Head

Action Taken :

Account is Opened on (Date) _____ Account No. _____ Specimen Signature(s) & Photo of the applicants / Authorised Signatory are-scanned and linked to the operative account.

Thanks giving letter is/are sent in duplicate as per guidelines

Signature of the Staff who opened the account and scanned & Linked the specimen signature(s)

Signature of the Officer who authorised the account opening and specimen signature scanning

Note : to be obtained separately from each account holder in case of Joint account

Declaration FORM No. 60

Form of declaration to be filled by a person who does not have either a PAN (or) GIR and who makes payment in cash in respect of transaction specified in clause (a) to (k) of I.T. rule 114B

- 1) Full Name and Address of declarant :
- 2) Particulars of Transaction :
- 3) Amount of the Transaction :
- 4) Are you an Income Tax Assessee ? :
- 5) If yes / (i) Details of ward/circle where the last return of income filed ?
(ii) Reasons for not having PAN / GIR
- 6) Details of the Document being produced in support of address in column (1) :

Please refer to account No.

Signature of the Declarant

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief

Date :

Place :

Signature of the Declarant

Declaration FORM No. 61

Form of declaration to be filled by a person who has agricultural income and is not in receipt of any other income Chargeable to income tax in respect of transaction specified in clause (a) to (k) of I.T. rule 114B

- 1) Full Name and Address of declarant :
- 2) Particulars of Transaction :
- 3) Details of the Document being produced in support of address in column (1) :

Please refer to account No.

I hereby declare that my source of income is form agriculture and I am not required to pay income tax on any other income (if any)

Date :

Place :

Signature of the Declarant