

**SHRI ADINATH CO-OP. BANK LTD ;**



**श्री आदिनाथ को-ऑप. बँक लि.**

Head Office : 7/23, 24, Adat Peth, Janata Chowk, ICHALKARANJI - 416 115.

Ph.No.: (0230) 2430150, 2432904, 2430596 Fax No.: 0230-2430598

Email : sacb@shriadinathbank.com

प्रधान कार्यालय : ७/२३, २४, अडत पेट, जनता चौक, इचलकरंजी - ४१६ ११५.

फोन : (०२३०) - २४३०१५०, २४३०५९६, २४३२९०४ फॅक्स (०२३०)-२४३०५९८

website : www.shriadinathbank.com

**CURRENT ACCOUNT OPENING FORM**

Branch / शाखा : \_\_\_\_\_ Firm Customer Id / फर्मचा ग्राहक क्र.: \_\_\_\_\_

Account No. / खाते क्र.: \_\_\_\_\_ Date / दिनांक: \_\_\_\_\_

CKYC No. \_\_\_\_\_ Customer Id / ग्राहक क्र.: \_\_\_\_\_

I/we wish to open a Saving Account as under ( मी/आम्ही आपल्या बँकेत खालीलप्रमाणे सेव्हींग खाते सुरु करू इच्छितो )

Account Type : [Mark as (✓)]  Regular / सर्वसामान्य  Scheme / योजने अंतर्गत  Other / इतर  
खात्याचा प्रकार : (✓ अशी खूण करावी)

**Title of Account / खात्याचे नाव**

Name / नाव : \_\_\_\_\_

Name of Proprietor/Partners/Directors  
मालक/भागीदार/संचालकांचे नाव/नावे

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_



1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

4<sup>th</sup> Applicant

Signature/Thumb Impressions(s) Sole/  
First Holder / सही

Signature/Thumb Impressions(s) Sole/  
Second Holder / सही

Signature/Thumb Impressions(s) Sole/  
Third Holder / सही

Signature/Thumb Impressions(s) Sole/  
Fourth Holder / सही

**Name of person's authorised to operate account / खात्यावर व्यवहार करणाऱ्यांची नावे**

| Name / नाव | Father/Hasband Name<br>वडीलांचे/पतीचे नाव | Mother Name<br>आईचे नांव | Surname /<br>आडनाव | Gender/ लिंग<br>स्त्री/पुरुष/ तृतीयपंथी<br>Male/Female/<br>Transgender |
|------------|---|--------------------------|--------------------|--|
| 1 _____    | _____                                     | _____                    | _____              | _____  |
| 2 _____    | _____                                     | _____                    | _____              | _____  |
| 3 _____    | _____                                     | _____                    | _____              | _____  |
| 4 _____    | _____                                     | _____                    | _____              | _____  |

( खात्यावर व्यवहार करण्याचा अधिकार असलेल्या व्यक्तीचा C-KYC फॉर्म घेणे )



# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

## Operational Instruction / खाते व्यवहार करण्यासंबंधी सूचना

- Single  Joint  Proprietor  Either or Survivor  Jointly or survivor  Former or survivor  
 Any one of us or any one of the survivor or the last survivor.  Other (Please Specify) \_\_\_\_\_

## Deposit Details

Payment by  Cash  Cheque Cheque No. \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Rs. \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Account Type \_\_\_\_\_

## Customer Details / ग्राहकांची माहिती

Profession/Business : \_\_\_\_\_  
 व्यवसाय \_\_\_\_\_  
 GSTIN No. 

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 Service Tax No. 

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 Annual Turnover / Sales : ₹ \_\_\_\_\_  
 वार्षिक उलाढाल/विक्री \_\_\_\_\_  
 Office :  Owned स्वतःचे  Rental भाड्याचे  
 Road No./Name \_\_\_\_\_  
 रस्ता क्र./नाव : \_\_\_\_\_  
 City \_\_\_\_\_  
 शहर : \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 दूरध्वनी क्र. : \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 भ्रमणध्वनी : 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 Previous Banker \_\_\_\_\_  
 पूर्वीच्या बँकेचे नांव : \_\_\_\_\_  
 Established on \_\_\_\_\_  
 स्थापना \_\_\_\_\_  
 PAN / GIR No. \_\_\_\_\_  
 पॅन / जी.आय.आर.नं. : 

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 Annual Income \_\_\_\_\_  
 वार्षिक उत्पन्न : ₹ \_\_\_\_\_  
 Gall No. & Name of Society \_\_\_\_\_  
 गाळा नं. आणि सासायटीचे नांव : \_\_\_\_\_  
 Area / Locality \_\_\_\_\_  
 स्थळ / विभाग : \_\_\_\_\_  
 PIN \_\_\_\_\_  
 पिन : 

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 (Office) \_\_\_\_\_  
 कार्यालय : \_\_\_\_\_  
 E-mail ID \_\_\_\_\_  
 ई-मेल आयडी : \_\_\_\_\_  
 A/c Type. \_\_\_\_\_ A/c No. \_\_\_\_\_  
 खाते प्रकार : \_\_\_\_\_ खाते क्र. : \_\_\_\_\_

Member/ Nominal Member  Yes / होय  No / नाही Member / Nominal Member No. \_\_\_\_\_  
 सभासद / नाममात्र सभासद सभासद / नाममात्र सभासद क्रमांक \_\_\_\_\_

## Account Type[Mark as (✓)] / खात्याचा प्रकार (✓ अशी खूण करावी)

- Individual / वैयक्तिक  Joint A/C / संयुक्त  Proprietorship / मालकी हक्क  Partnership / भागीदारी  
 Co-op Society / को-ऑप सोसायटी  Company/ कंपनी  AOP / असोसिएशन ऑफ पर्सन्स  Co-op, Housing Soci. / को-ऑप. हाँसिंग सोसा.  
 HUF / हिंदू अविभक्त कुटुंब प्रमुख  LLP / एलएलपी  Trust / न्यास  Other / इतर

## NOMINATION FORM-DA-1 / नामांकन फॉर्म - डी ए - १ (वारसाची नोंद)

[For Individual / Sole Proprietorship Account / व्यक्तीगत अथवा एकट्याच्या मालकीची खाती असेल तर]

I/ We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per section 45ZA read with section 56 of Banking regulation Act, 1949 and Rule 2 (1) of the Co-operative Bank (Nomination) Rules, 1985. माझ्या / आमच्या मृत्युनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यास बँकिंग रेग्युलेशन १९४९ चे कलम ५६ बरोबर कलम ४५ झेड ए, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देशन), नियम, १९८५ नियम, २(१) नुसार मी/आम्ही खालील व्यक्तीचे नामनिर्देशन करित आहे./ आहोत. (Only one person can be nominated / एका खात्यासाठी एक व्यक्तीचे नामनिर्देशन होऊ शकते.)

| Nominee Name & Address / वारसाचे नाव व पत्ता | Age / वारसाचे वय | Date of Birth (In Case of Minor) / जन्मतारीख (अज्ञान असल्यास) | Relationship अर्जदाराशी with the Depositor नाते |
|--|------------------|---|---|
|  |                  |   |   |

As the nominee is a minor on this date, I/We appoint Shri./Smt./Miss

आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे, म्हणून माझ्या/आमच्या मृत्युच्या वेळी मी/आम्ही श्री/श्रीमती/कुमार \_\_\_\_\_

Address \_\_\_\_\_  
 पत्ता \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.  
 या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशित केलेली व्यक्ती माझे/आमचे मृत्युचे वेळे अज्ञान असल्यास ह्या व्यक्तीला रक्कम मिळावी.

Date / दिनांक : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Applicant's Signature / अर्जदाराची सही \_\_\_\_\_

Witness / साक्षीदार : १ )

Signature/ सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_

Witness / साक्षीदार : २ )

Signature/ सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_





# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

## Introducer's Details / ओळख देणाऱ्याचा तपशील

Introducer's Name / ओळख देणाऱ्याचे नाव : \_\_\_\_\_ Branch / शाखा : \_\_\_\_\_

Customer ID / ग्राहक क्र.: \_\_\_\_\_ Account No. / खाते क्र.: \_\_\_\_\_  
 SB  CD

Tel./Mob. / दूरध्वनी/मो.: \_\_\_\_\_ E-mail ID / ई-मेल : \_\_\_\_\_

I know the applicant/s for the last ..... months/years. I confirm the identity, occupation and address of the applicant/s.  
मी अर्जदारास मागील ..... महिने/वर्षांपासून ओळखतो/ओळखते. अर्जदाराचा पत्ता, ओळख, व्यवसाय याची मी खात्री देतो/देते.

Date : दिनांक : \_\_\_\_\_ Introducers Signature / ओळख देणाऱ्याची सही \_\_\_\_\_

## Declaration / जाहीरनामा

[ For Proprietorship or Partnership Firm only / फक्त स्वतःच्या मालकीच्या अथवा भागीदारी संस्थासाठी ]

To,  
The Branch Manager,  
SHRI ADINATH CO-OP. BANK LTD. ICHALKARANJI  
\_\_\_\_\_ Branch

Dear Sir,  
I/We the undersigned, hereby declare that I am / we are the sole proprietor / Only partners of the firm \_\_\_\_\_  
& am solely/are Jointly & severally responsible for the  
liabilities thereof. I/we shall advice you in writing of any change that may take place in the constitution / Partnership and I/ all  
the present partners will be liable to you, on any obligation which may be standing in the firm's name in your book on date of  
receipt of such notice and until all obligation shall been liquidated.

मी/आम्ही खालील स्वाक्षरी करणार या द्वारे असे जाहीर करतो की, \_\_\_\_\_ मालकी/ भागीदारी संस्थापूर्णपणे माझ्या  
मालकीची असून मालकी/भागीदारी संस्थेचे फक्त आम्हीच मालक / भागीदार असून या मालकी/भागीदारी संस्थेच्या सर्व व्यवहारांची देणी देण्याचे संपूर्ण जबाबदारी केवळ माझी/ आमचीच आहे.  
मालकी/ भागीदारी संबंधी वेळोवेळी होणाऱ्या घटनात्मक बदलाबद्दल मी / आम्ही बँकेस वेळेवर माहिती देण्याचे जबाबदारी माझी/ आमची आहे. माझी/ आमची मालकी / भागीदारी संस्था बँकेस  
कोणत्याही प्रकारचे देणे/ कर्ज खात्यावरील नावे रक्कम व इतर सर्व जबाबदाऱ्या पार पाडण्यास मी/आम्ही सदर बदलची सुचना मिळाल्यावर त्या जबाबदाऱ्या पूर्ण करण्याच्या हमी देत आहोत.  
(फक्त सही घेणे शिक्का नको)

Signature / सही

Signature / सही

Sole Proprietor/Partner 1 \_\_\_\_\_

Partner 3 \_\_\_\_\_

Partner 2 \_\_\_\_\_

Partner 4 \_\_\_\_\_

(जादा भागीदार असल्यास स्वतंत्र जाहीरनामा घेणे)

Date / दिनांक : \_\_\_\_\_

Place / ठिकाण \_\_\_\_\_

## For Branch Use Only

### Official Customer Visit

Name of Branch Official Visiting \_\_\_\_\_ IJ No. \_\_\_\_\_

I have visited the place of business and I found business details correct as mentioned in this form by customer.

Date / दिनांक : \_\_\_\_\_

Stamp & Visiting Officer Signature

## Verification of Credit facility in other Bank

Having credit facility in other Bank  Yes / होय  No / नाही If Yes, then

Name of Bank having Credit Facility \_\_\_\_\_ Branch Name \_\_\_\_\_

Date of 'No Objection Certificate' letter Send to this Bank \_\_\_\_\_

Date of Correspondence Received from Bank \_\_\_\_\_

Correspondence Details \_\_\_\_\_ Officer / Branch Manager Sign





# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

**For Office Use ( To be Verify by Branch only )**  
**Check Points for Compliance of KYC Policy (आपला ग्राहक ओळखा)**

**Bring original documents for verification and please submit self attested copies of documents /**  
**सर्व मूळ दस्तावेज खातरजमा करण्यासाठी सोबत आणावेत. व दाखल करीत असलेल्या सर्व कॉपीजवर खातेदाराची सही असणे आवश्यक आहे.**

## List A- Proof of identity ( Any one-Tick the document obtained )

- |  |  |
|--|--|
| <input type="checkbox"/> Passport          | <input type="checkbox"/> Defense ID Card           |
| <input type="checkbox"/> Voter ID Card     | <input type="checkbox"/> Govt. ID Card             |
| <input type="checkbox"/> PAN Card          | <input type="checkbox"/> EMp.ID Card               |
| <input type="checkbox"/> Driving License   | <input type="checkbox"/> Aadhaar Card              |
| <input type="checkbox"/> Photo Credit Card | <input type="checkbox"/> Any other Proof (Specify) |

ID No.

## List B- Proof of Address ( Any one-Tick the document obtained )

- |  |  |
|--|--|
| <input type="checkbox"/> Passport            | <input type="checkbox"/> Ration Card                               |
| <input type="checkbox"/> Voter ID Card       | <input type="checkbox"/> Bank A/c Stt.                             |
| <input type="checkbox"/> Latest Utility Bill | <input type="checkbox"/> Employer's letter with address            |
| <input type="checkbox"/> Driving License     | <input type="checkbox"/> Letter from public authority with address |
| <input type="checkbox"/> Rent/Lease Deed     | <input type="checkbox"/> Aadhaar Card                              |
| <input type="checkbox"/> Credit Card Stt.    | <input type="checkbox"/> Any other proof (Specify)                 |

ID No.

**For Business Documents [Mark as (✓)] / व्यवसायिक कागदपत्रे (✓ अशी खूण करावी)**

### Sole Proprietorship / Partnership / स्वतःच्या मालकीच्या व्यवसाय/भागीदारी संस्था

- Photographs of Sole Proprietor / All authorized Signatories मालकाचे छायाचित्र/अधिकृत स्वाक्षण्याकरणाऱ्यांची छायाचित्रे
- Udyog Aadhar Memorandum Certificate (उद्योग आधार मेमोरॅंडम व सर्तीफिकेट)
- Certified Copy of Partnership Deed (in case of Partnership firm) भागीदारी कराराची मोहोरबंद प्रत (जर भागीदारी कंपनी असेल तर)
- Request letter to open the account & mode of operation signed by all partners on letterhead. खाते उघडण्यासाठी विनंती अर्ज आणि सर्व भागीदारांच्या स्वाक्षरीसह लेटरहेडवर खात्यावर व्यवसाय करणाऱ्या पध्दती बदल पत्र.
- Last Year Financial Statement & IT Return मागील वर्षाचे आयकर रिटर्न व आर्थिक पत्रके
- PAN and Proof of identity for sole Proprietor/All Partners as mentioned above. पॅन आणि मालकाचे / सर्व भागीदारांचे ओळखपत्र.

### Private Ltd./Ltd. Company / प्रायव्हेट कंपनी/पब्लिक कंपनी

- Certified Copy of Memorandum and Articles of Association संस्थेच्या मेमोरॅंडम आणि आर्टिकल्सची अधिकृत प्रत.
- Certified Copy of Certificate of Incorporation संस्था नोंदणीची अधिकृत प्रत
- Partnership Registration Certificate (भागीदारी नोंदणी दाखला)
- Business Permission व्यवसाय परवाना
- Certified Copy of Certificate of Commencement of business (in case of Public Ltd. Co) व्यवसाय/धंदा सुरुकरण्यासंबंधीच्या प्रमाणपत्राची अधिकृत प्रत जर पब्लिक संस्था असेल तर
- Resolution to Open the Account, Mode of Operation & List of Authorize signatories / खाते उघडण्यासंबंधीचा ठराव आणि व्यवहार करणाऱ्याची पध्दत व सर्व अधिकृत स्वाक्षण्यांची यादी
- List of all directors & Addresses सर्व संचालकांची नावे व पत्यांची यादी

### HUF / हिंदू अविभक्त कुटुंब संस्था

- Photographs of Karta & Co-perceners कर्त्याचे छायाचित्र आणि सर्व वारसांची छायाचित्रे
- HUF PAN Card KYC Document पॅनकार्ड, के वाय सी पेपर्स
- Ration Card कौटुंबिक पुरवठा पत्रिका

- HUF letter signed by Karta & all major co-perceners हिंदू अविभक्त कुटुंबाचे कर्त्याने स्वाक्षरी केलेले पत्र आणि सर्व वारसांचे संमतीपत्र
- ITR Return & Financial Statement आयकर रिटर्न व आर्थिक पत्रके

### Trust/Club/Society/Association

- Photographs of all authorized signatories सर्व अधिकृत व्यक्तींची अद्यावत छायाचित्रे
- Certified true copy of trust deed (for trust) विश्वस्त संस्थेच्या उपविधीची अधिकृत प्रत (विश्वस्त संस्था असल्यास)
- Certified true copy of bye-laws (for Club/Society/Association) घटनेची अधिकृत प्रत (क्लब/सोसायटी/असोसिएशन)

### ट्रस्ट/क्लब/सोसायटी/असोसिएशन

- Certified true copy of certificate of Registration नोंदणीप्रमाण पत्राची अधिकृत प्रत
- Resolution to open the Account, Mode of operation & List of authorized signatories. / खाते उघडण्यासंबंधीचा ठराव आणि व्यवहार करणाऱ्याची पध्दत व सर्व अधिकृत स्वाक्षण्यांची यादी

### All Account Types / सर्व खात्यासाठी

- Latest Shop / Establishment Act Licence अद्यावत शॉप नोंदणी परवाना
- GST Registration (Three Pages) जी एस टी रेजिस्ट्रेशन (तिन्ही पानासह)
- Last Year Income Tax Return & Financial Statement अद्यावत इन्कम टॅक्स रिटर्न व आर्थिक पत्रके

- Latest Grampanchyat /Corporation/Municipal Noc अद्यावत ग्रामपंचायत / नगरपालिका /महानगरपालिका चा ना हरकत दाखला
- Certificate of practice issued by CA/CS यांनी जारी केलेले प्रॅक्टिस प्रमाणपत्र
- Latest Telephone Bills / Light Bill अद्यावत टेलिफोन बिल/ लाईट बिल





# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

## Check Points for compliance of KYC Policy (आपला ग्राहक ओळखा)

| Description  | Yes/No (Y/N)             | Description   | Yes/No (Y/N)             |
|--|--------------------------|---|--------------------------|
| 1 Copy of PAN Card   | <input type="checkbox"/> | 6 Identity of prospective customer does not match with person with known criminal background/banned in individual terrorist | <input type="checkbox"/> |
| 2 Recent photograph/s of the applicant/all the joint applicants obtained | <input type="checkbox"/> | 7 Risk Rating has been done & marked in system  | <input type="checkbox"/> |
| 3 Proof of identification (as per list A) obtained                       | <input type="checkbox"/> | 8 Branch Official visit Report  | <input type="checkbox"/> |
| 4 Proof of identification (as per list B) obtained                       | <input type="checkbox"/> | 9 Confirmation of cash credit A/c in other bank   | <input type="checkbox"/> |
| 5 Business Documents   | <input type="checkbox"/> | 10 If HUF, then Declaration   | <input type="checkbox"/> |

### Customer Risk Rating Mark as (✓)

Risk Rating of Customer at Initial stage :  High  Medium  Low

### For Branch Verification & Acceptance

Introducer's signature verified & found correct. I have verified all the relevant Documents and the Account Holder Have signed before me. Particulars of Form DA1 are entered and nomination has been registered.

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Clerk

Officer

Asst. Manager / Branch Manager

### Periodical Updation of Customer Identification Procedure

(Once in 2 years in case of High Risk Account, once in 8 years in case of Medium Risk account and once in 10 years in case of low Risk account)

|   | Date of Updation | Entered in List Software Date | Year Of Next Review | Details of Identification Procedure (Including)   | Authorised Signature With Date |
|---|------------------|-------------------------------|---------------------|---|--------------------------------|
| Please Paste a Latest Passport Size Photo |                  |                               |                     | Name of ID Proof : _____<br>Name of Address Proof : _____<br>Photograph (Latest) Obtained : Yes / No<br>Other Documents, If any : _____ |                                |
| Please Paste a Latest Passport Size Photo |                  |                               |                     | Name of ID Proof : _____<br>Name of Address Proof : _____<br>Photograph (Latest) Obtained : Yes / No<br>Other Documents, If any : _____ |                                |
| Please Paste a Latest Passport Size Photo |                  |                               |                     | Name of ID Proof : _____<br>Name of Address Proof : _____<br>Photograph (Latest) Obtained : Yes / No<br>Other Documents, If any : _____ |                                |

Note: To be filled at the time of fresh KYC updation only.

### PERIODICAL REVIEW OF RISK RATING

(Once in 2 years in case of High Risk Account, once in 8 years in case of Medium Risk account and once in 10 years in case of low Risk account)

| Sr. No. | Date of Review | Risk Rating (Low / Medium / High) | Entered in List Software Date | Next Review Due Date | Officer Signature |
|---------|----------------|-----------------------------------|-------------------------------|----------------------|-------------------|
| 1       |                |                                   |                               |                      |                   |
| 2       |                |                                   |                               |                      |                   |
| 3       |                |                                   |                               |                      |                   |
| 4       |                |                                   |                               |                      |                   |
| 5       |                |                                   |                               |                      |                   |
| 6       |                |                                   |                               |                      |                   |
| 7       |                |                                   |                               |                      |                   |
| 8       |                |                                   |                               |                      |                   |

Note: Sr. No. 1 should be filled at the time of account opening & later as per periodic review.







## Terms and Conditions / नियम व अटी

### Debit-Cum-ATM Card

- 1. Meaning:** The term 'Bank' refers to the **SHRI ADINATH CO-OPERATIVE BANK LTD. ICHALKARANJI** 'ATM' refers to the Automated Teller Machine installed of the branches of the Bank. 'Card Holder' refers to the Authorized User of Debit-Cum-ATM Card. 'ATM Account' refers to the Authority of operating an ATM Account. The context may require, words herein denoting the singular only shall be deemed effective notification to all such persons. If the person who signs and agrees to be bound by terms and conditions is female as the context may require. Words herein denoting the male gender also shall be deemed to mean/include the female gender.
- 2. ATM: Account Eligibility:** a. A satisfactorily conducted savings/current account to be eligible for opening of a Debit-Cum-ATM card. b. The cardholder shall give his preference of such account(s) held by him in writing on the application form for the issue of Debit-Cum-ATM Card.
- 3. Special Accounts:** In case of Partnership Firm, Company, Co-operative Society, Trust and HUF account, Debit-Cum-ATM card will not be allotted.
- 4. ATM - PIN (Personal Identification Number):**
- a) Each cardholder shall be issued his or her "Personal Identification Number (PIN)" for accessing the ATM services and to operate the account smoothly. The allotted PIN number is strictly confidential thereby ATM card will be operated only by an authorized account holder. The PIN shall, under no circumstances, be disclosed or opened to any third party or avoid to keep the card and PIN together so as to prevent the misuse or appropriation of funds. The cardholder will be solely responsible for the consequences arising out of the disclosure of his PIN and/or unauthorized use of ATM card and shall be liable for increased liability which he may incur on account of unauthorized use of the PIN & ATM card.
- b) PIN Change: It is advisable, for the cardholder:
1. To change his PIN periodically.
  2. To change his PIN, if certainly suspects it is no longer confidential.
  3. To select a non-easily guessable PIN.
- c) PIN Safety: (a) Any wrong PIN feed to motorized card ATM machine for more than three occasions will retain the card in ATM itself. This card will be activated after written request of customer to his/her home branch only.
- d) Any wrong PIN feed to DIP card ATM Machines, for more than three occasions will garnish/lock the card and this will be activated after written request of customer to his/her home branch only.
- 5. ATM Card Safety:** It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep ATM card safely in plastic pouch to prevent any physical damage to magnetic strip not expose it to magnetic fields, heat, water and dust anytime. If the card is broken or unreadable, it will be considered as invalid card & new card will be issued on such an application by card holder & on handing over of such invalid card for cancellation to home branch.
- 6. Debit-Cum-ATM Card Validity:** The Debit-Cum-ATM card will be valid maximum for a period of seven years from the date of issuance of card. After expiry, card will be automatically locked and customer has to apply for fresh card.
- 7. Withdrawal Limit:** The customer can withdraw **Rs. 30,000/- (Rs. Thirty Thousand)** per day through the balance amount and can transact up to **Rs. 1,00,000/- (Rs. One Lakh)** from PoS machine. The exposure limit shall be decided by the bank from time to time as and when required, which will be binding on customers.
- 8. Minimum Balance:** Minimum balance at all times is required to be maintained as may be specified by the bank from time to time while enjoying the Debit-Cum-ATM Card facility. The bank has liberty to entail the penal interest or service charges as per the Bank's rules from time to time. The bank reserves the right to continue or discontinue this service unilaterally without assigning the reason to the customer.
- 9. Fees/Charges:** All fees related to ATM facility as determined by the Bank from time to time shall be payable forthwith on issuance of card and recovered by debiting the ATM card holders account if not paid in cash. In case of insufficient balance to debit account Bank has full right to stop the operation of ATM card and/or cease account or Bank shall withdraw the ATM card facility.
- 10. Non transferability:** Debit-Cum-ATM card is non transferable under any circumstances.
- 11. Duplicate Card:** The Debit-cum-ATM card shall be offered free of cost and **Rs. 200/- (Rs. Two Hundred)** will be charged for duplicate card.
- 12. Loss of card:** a) ATM card will be issued to the account holder in lieu of lost/stole on payment of card fees/charges or recovered by debiting cardholder's account. b) In case of lost/misplaced of ATM-cum-Debit Card, the cardholder will have to make an Indemnity Bond of Rs.200/- and Rs.100/- shall be charged for duplicate ATM card. c) In case of misplaced or theft of the ATM card, the cardholder shall intimate to the bank immediately on same date. After intimation, if cardholder found ATM card, then card will be surrendered to bank and such card cannot be used. The cardholder, however, shall be responsible and liable for all transactions effected by the utilization of card till the cancellation of card.
- 13. Refusal / Termination / Withdrawal of ATM CARD:** As ATM card is the belonging of the bank, the bank has liberty to withdraw the ATM card or terminate services without assigning any reason thereupon. It shall be obligatory on customer to surrender the card to bank and any charges against that will not be paid by the bank to the cardholder.
- 14. Account Status Change:** Any change in the mode of operation or ATM card account shall not be allowed unless Bank's written permission is sought. For replacement of ATM card, old card will have to be surrendered to the bank and a fresh card will be issued on payment of fees/charges.
- 15. Authority & Responsibility:**
- i. The Bank shall not be responsible for any loss or damage arising directly or indirectly as a result at any malfunction/failure of Debit-Cum-ATM Card or the ATM or for the temporary insufficiency of funds in such machine or otherwise whatsoever.
  - ii. The Bank reserves the right to limit the amount which may be withdrawn by card holder daily any time without given, any pre-notice. The Bank also reserves the right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time.
  - iii. The Bank reserves the right to amend, add or delete any of terms & conditions or rules without prior notice to account Holder.
  - iv. It is sole responsibility of the cardholder, for the transaction done by Debit-Cum-ATM card as with card holder's knowledge or authority express or implied.
  - v. The cardholder should not withdraw without confirming the sufficient balance required for withdrawal. Checking of balance will be the sole responsibility of cardholder. In any case, the amount of deposit falls short than minimum required balance as aforesaid or overdraft; bank reserves the right to transfer such amount from cardholder's account. If shortfall continues for more than one day, then interest @ 19.50% p.a. will be charged. Bank can levy penalty for such shortfall as decided from time to time.
  - vi. If cardholder notices any illegal/unauthorized transactions in his/her account, then such cardholder should immediately intimate bank in writing about such transactions.
  - vii. The cardholder shall be liable or responsible to pay the amount whichever is embezzled, appropriated or committed fraud by him/her, knowingly or negligently.
  - viii. The bank will not be liable for any compensation arisen due to technical problem in machinery or any system. Bank will not be responsible for any inconvenience caused due to system/technical system. Moreover, the concerned customer will be solely responsible for any transactions effected through Debit-cum-ATM card.
  - ix. The cardholder is not authorized to stop/cancel the commands given in the ATM or PoS machine.
- 16. Joint Account:** In case of joint account, the card shall be offered in the first name, who will be authorized to utilize this card. But all account holders in joint account will be held responsible for every transaction made through ATM.
- 17. Refund of Amount:** The cardholder shall have to make a written application, within 7 days to the concerned branch, in case the amount is not received by other Bank's ATM. The information in this regard shall be sent to ATM switch (i.e. NPCI) and the decision given by them will be the final and binding for which 15 days duration will be taken.
- 18. Instant Debit Card:** Instant Debit card will be provided in Well-Come kit. This Debit Card doesn't have printed card holders name. Except this, all other terms and conditions as above said are same for Instant debit card. If any customer wants his/her name printed on card, then he/she have to make an application for personalized debit card and needs to submit Instant Debit Card to bank.
- 19.** The transaction made after Bank's working hours shall be recorded on the account of cardholder on next working day as value date.





## DECLARATION / जाहीरनामा

### Any Branch Banking:

1. The Bank shall facilitate payment and collection of cheques through all its branches while I/we shall have one account at the branch (for short 'Home Branch'). Bank shall also accept cash from me/us and pay in cash against presentation of cheques drawn by me/us in favor of myself/ourselves with the Home Branch as per the applicable limits for the account. The cash transaction will be on the same lines as is the case when deposits/withdrawals take place at the home branch. Charges for cash deposit in branch other than home branch will be as per bank rules. 2. While the instruments for and on my/our behalf will be collected in local clearing, the credit in respect of the proceeds there under will be afforded at the home branch on and subject to realization at the respective center(s) Branch(es). 3. The Bank entitles to debit by its home and any other branch(es) in my/our account as its base branch against the cheques presented at various branches of the Bank. 4. My/our written intimation of "stop payment" to the various branches of the Bank will be at my/our risk and I/we agree to grant a lead time of at least 24 hours for intimation of such "stop payment" instruments to all its branches. In case of any mutilated and/or erroneous information which may emerge by of due any communication error and if the "stop payment" is not carried out in good faith based in the said information, the bank shall not be held responsible for the said act. 5. I/We agree to inform my/our existing bankers for the availment of any of the facilities hereby granted to me/us. I/we also agree from time to time to furnish such information details and the documents to the existing bankers and also the bank as is mandatory under the law and force from time to time or as the bank regards necessary and/or expedient under the banking practice/procedure. 6. The agreement herein contained shall not affect prejudice or derogate from the bank's rights and privileges under the law including the right to claim set off general and the bankers disposing or retaining lien or similar rights pertaining to my our credit balance in the account with the bank. 7. In the event of any malfunctioning and/or break down in the working of the said network for the reasons beyond the control of the bank, the benefits and the facilities hereby granted to me/us will stand suspended during such break-down in which case the bank will not in any manner be liable and /or responsible to me/us for any damages/compensation and/or for any other consequences arising out of such suspension. 8. I/we agree on behalf of business firm to hold the Bank indemnified in case the bank suffers any loss in account of operation of the scheme for my/our benefit.

### Current Account:

1. The current account should be used to route the transactions of only business/ commercial nature. In the event of occurrence of such transactions or any such transactions that may be constructed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the accounts. 2. Bank will not pay any interest on current deposit. 3. The customer should maintain minimum balance as may be required from time to time in the account and communicated at the time of opening of the account. Changes in the bank/service charges or minimum balance requirements are displayed on the notice board of the branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of balance. In such an event, the Bank shall have first right to set-off any available credit that may be available in the account including from amounts flowing into said account for collection proceeds or any deposits. Notwithstanding the above, if the Bank is of opinion that if the customer does not maintain minimum balance and/or if the account remains a Zero balance and/or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing reasonable period notice. In the event, if the said account is funded within reasonable period, the Bank may not exercise the said right to closure. If not, the Bank shall close the account without any further notice to customer. 4. If there is no transaction in the account for 2 years, the account automatically gets classified as a 'dormant account' whereupon further debit transactions are not permitted in the ordinary course. A request for activation of the account along with complete KYC has to be made by the customer. 5. Satisfactory conduct of the account entails maintaining stipulated minimum balance as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the Bank reserves the right to close the accounts without any further notice to the customer. 6. Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment Instructions, Issuance of cheque books, Demand Drafts, Pay Orders, request for ATM card, ECS Credit & Debit, Issuance of duplicate card/PIN must be communicated in writing. Otherwise, it shall not be binding on the Bank to comply with such instructions, Charges as applicable will be leviable to customer. 7. The Current Account entitles free access to SHRI ADINATH CO-OPERATIVE BANK LIMITED ICHALKARANJI Internet Banking unless otherwise stated. 8. All other charges for services like RTGS, NEFT, E-Tax payment facility, SMS Banking, ATM Card Usage and any other services etc. will be applicable as per banks rules issued from time to time. 9. Any change of address or contact details should be immediately communicated in writing to the bank along with address proof. If bank is unable to inform any changes in rules or service charges due to wrong submission of contact details or due to failure to submit the updated contact details by applicant, then it will be sole responsibility of applicant and all the changes will be binding. 10. There is no restriction on number of deposits or withdrawals that can be made into the account. 11. Accounts may be transferred between branches of the Bank at the request of account holder(s). Request for closure of account should accompany with pass-book if taken, unused cheque leaves and Debit-Cum-ATM card. Joint accounts can be closed only at the request of all such joint signatories.

### Declaration:

I/We read the terms and conditions on the Bank's Website [www.shriadinathbank.com](http://www.shriadinathbank.com) and detailed in the terms and conditions available at Branch, governing the opening of account with bank and those relating to use of various services including but not limited to above explained i.e. ATM cum Debit Card facility, Branch Banking and Current Account etc. I/we have understood the same and agree to abide by such/any other terms and conditions that may be in force from time to time. I/we have also read the Bank's Schedule of charges for the respective and agree to abide by the same. I/we have also understood that all the terms & conditions and the service charges are subject to change without any prior notice. The information furnished/declaration given by me/us in this form is true and I/we shall be held responsible for the same at all time. I/We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice of withdraw some/all services /concessions granted to me/us.

\_\_\_\_\_  
First Holder

\_\_\_\_\_  
Second Holder

Date / दिनांक :

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

\_\_\_\_\_  
Third Holder

\_\_\_\_\_  
Fourth Holder