

# 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

## SAVING ACCOUNT OPENING FORM

Branch / शाखा : \_\_\_\_\_

Customer Id / ग्राहक क्र. :

Account No. / खाते क्र.:

Date / दिनांक:

CKYC No.

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

(✓ अशी खुण करावी) (Mark as ✓)	Customer Type / ग्राहक प्रकार :	<input type="checkbox"/> Public / सामान्य	<input type="checkbox"/> Staff / सेवक	<input type="checkbox"/> Senior Citizen / ज्येष्ठ नागरिक	<input type="checkbox"/> Minor / अज्ञान
		<input type="checkbox"/> Trust / न्यास	<input type="checkbox"/> Co-op Society / सहकारी संस्था	<input type="checkbox"/> Other / इतर _____	
	Account Type : खात्याचा प्रकार :	<input type="checkbox"/> Regular / सर्वसामान्य	<input type="checkbox"/> Student / विद्यार्थी	<input type="checkbox"/> PMJDY / जन-धन योजना	<input type="checkbox"/> Other / इतर _____
	<input type="checkbox"/> SHG / महिला बचत गट	<input type="checkbox"/> JLG / पुरुष बचत गट	<input type="checkbox"/> Salaried / पगार	<input type="checkbox"/> Other / इतर _____	
	<input type="checkbox"/> BSBDA / बेसिक सेव्हींग बँक डिपॉझिट खाते	<input type="checkbox"/> Star Saving A/c. / स्टार सेव्हींग खाते			
Gender / लिंग :	<input type="checkbox"/> Male / पुरुष	<input type="checkbox"/> Female / स्त्री	<input type="checkbox"/> Transgender / तृतीयपंथी		

Name of person's authorised to operate account / खातेधारकाचे / खाते चालवणाऱ्याचे नाव

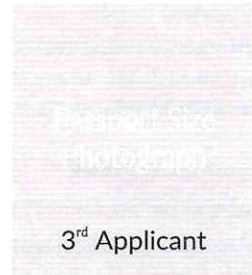
Name / नाव	Father/Hasband Name वडीलांचे/पतीचे नाव	Mother Name आईचे नांव	Surname / आडनाव
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



1<sup>st</sup> Applicant



2<sup>nd</sup> Applicant



3<sup>rd</sup> Applicant

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

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

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

Account Operation  Single / स्वतः  Joint / संयुक्त  Either or Survivor / प्रथम अथवा जीवित  
खातेवर व्यवहार करणे विषयी सूचना  Minor by Guardian / अज्ञान पालनकर्ता  Other (Please Specify) / इतर \_\_\_\_\_

Deposit Details :

Payment by (रक्कम)  Cash  Cheque Cheque No. \_\_\_\_\_ Date : / / Rs. \_\_\_\_\_

Date of Birth / जन्मतारीख

Nationality / राष्ट्रीयत्व \_\_\_\_\_

Attach documentary evidence of Age for Minor/Senior Citizen (above 60 years) अल्पवयीन/ज्येष्ठ नागरिक यांच्या वयाच्या पुराव्यादाखल कागदपत्रे जोडावी (६० वर्षावरील)

PAN No. / पॅन क्र.

UID No. / आधार नं.:



# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

Communication Address : \_\_\_\_\_

संपर्काचा पत्ता :

City / शहर : \_\_\_\_\_

Pincode / पिनकोड :

State / राज्य : \_\_\_\_\_

Country / देश : \_\_\_\_\_

Permanent Address: \_\_\_\_\_

कायमस्वरूपी पत्ता:

City / शहर : \_\_\_\_\_

Pincode / पिनकोड :

State / राज्य : \_\_\_\_\_

Country / देश : \_\_\_\_\_

Office Address: \_\_\_\_\_

कार्यालयाचा पत्ता:

City / शहर : \_\_\_\_\_

Pincode / पिनकोड :

State / राज्य : \_\_\_\_\_

Country / देश : \_\_\_\_\_

Tel No.

दूरध्वनी क्र. Resi. / निवास \_\_\_\_\_

Office / कार्यालय \_\_\_\_\_

Mobile /

मोबाईल \_\_\_\_\_

E-mail ID / ई-मेल : \_\_\_\_\_

Member / Nominal Member  
सभासद / नाममात्र सभासद

Yes / होय

No / नाही

Member / Nominal Member No.  
सभासद / नाममात्र सभासद क्रमांक \_\_\_\_\_

## If Minor (Details) / अज्ञान असल्यास (तपशिल)

(Minors Birth Certificate is Mandatory /  
अज्ञानाच्या जन्मतारखेचा दाखला अनिवार्य)

Date of birth / जन्मतारीख

Guardian's Name / पालकाचे नाव \_\_\_\_\_

Guardian's Relation / पालकाचे नाते \_\_\_\_\_

Guardian's Address / पालकाचे पत्ता \_\_\_\_\_

## Declaration by Guardian in case of Minor Applicant / अर्जदार अज्ञान असल्यास पालनकर्त्याचा 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/legal 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. I indemnify the bank against the claim of above minor for any withdrawal/transactions made by me in his / her accounts.

मी जाहीर करतो की माझा/माझी ..... जी/जो अज्ञान आहे. मी तिला/त्याचा(तिची/त्याची) नैसर्गिक/न्यायालयाने नेमून दिलेला कायदेशीर पालक आहे. (दाखल्याची प्रत जोडलेल 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 ती तरतूद करीत आहे.

Date / दिनांक :

Guardian's Signature / पालकाचे सही \_\_\_\_\_

## Personal Information (Mark as(✓) / वैयक्तिक माहिती (✓ अशी खूण करावी)

Religion / धर्म :  Hindu / हिंदू  Buddhist / बुध्द  Muslim / मुस्लिम  Sikh / शीख  
 Christian / ख्रिश्चन  Jain / जैन  Zoroastrian / पारशी  Other / इतर \_\_\_\_\_

Caste / जात :  Open / खुला  OBC / ओबीसी  NT / एन टी  SC/ST / एस.सी./एस.टी  Other / इतर \_\_\_\_\_

Marital Status / वैवाहिक स्थिती :  Single / अविवाहित  Married / विवाहित  Other / इतर \_\_\_\_\_

Education / शिक्षण :  Under Graduate / पदवीपर्यंत  Graduate / पदवीधारक  
 Post Graduate / पदव्युत्तर  Professional / व्यावसायिक

Occupation / व्यवसाय :  Salaried / नोकरदार  Business / व्यवसाय  Retired / सेवानिवृत्त  Student / विद्यार्थी  
 Self Employed / Professional / स्वयंरोजगार / व्यावसायिक  House Wife / गृहिणी  Society / सहकारी संस्था





# SHRI ADINATH CO-OP. BANK LTD; ICHALKARANJI

## If Salaried, Employed with / नोकरदार असल्यास नोकरीचे ठिकाण

- Public Ltd. Co / सार्वजनिक मर्या. संस्था  Pvt. Ltd. Co / खाजगी मर्या. संस्था  Govt. Sector / शासकीय विभाग  
 Other / इतर : \_\_\_\_\_ Name of the Employer / मालकाचे नाव : \_\_\_\_\_

## If Self Employed Professional / स्वयंरोजगार असल्यास :

- CA / हिशेब तपासणीस  Engineer / अभियंता  Doctor / वैद्य  Lawyer / वकील  
 Consultant / सल्लागार  Architect / स्थापत्य अभियंता  Other / इतर \_\_\_\_\_

## If in business / जर व्यवसाय असल्यास :

- Public Ltd. / सार्वजनिक मर्या. संस्था  Pvt.Ltd./ खाजगी मर्या. संस्था  Partnership / भागीदारी  Society / सहकारी संस्था  
 Proprietorship / मालकी हक्क  Trust / न्यास  Trader / व्यापारी  HUF / एच.यु.एफ  
 Other / इतर \_\_\_\_\_  Nature of Business / व्यवसायाचे स्वरूप \_\_\_\_\_

## Annual Income (approx.) वार्षिक उत्पन्न(अंदाजे)

- Upto 2 lac / २ लाखांपर्यंत  Above 2 lac to 5 lac / २ लाखांपेक्षा जास्त व ५ लाखांपर्यंत  
 Above 5 lac to 10 lac / ५ लाखांपेक्षा जास्त व १० लाखांपर्यंत  Above 10 lac / १० लाखांपेक्षा जास्त

## Credit Facilities in any other Bank / दुसऱ्या कुठल्या बँकेत कर्ज सुविधा असल्यास

Banking relation with other Bank / इतर बँकेत खाते असल्यास : Yes / होय  No / नाही

Name of the Bank / बँकेचे नांव : \_\_\_\_\_ Branch / शाखा : \_\_\_\_\_

- Vehical Loan/ वाहन कर्ज  Consumer Loan / गृहोपयोगी कर्ज  Education Loan / शैक्षणिक कर्ज  
 Home Loan / गृह कर्ज  Business Loan / व्यवसाय कर्ज  Other, if any/ इतर काही कर्ज असल्यास

## FORM No.60 (In absence of PAN Card) / फॉर्म नं.६० (पॅन कार्ड नसल्यास)

[ See Second Proviso to Rule 114B ]

Form of declaration to be filed by a person who does not have a Permanent Account Number and who enters into any transaction specified in Rule 114B

1. Full Name of Declarant : \_\_\_\_\_

Address : \_\_\_\_\_

2. Particulars of Transaction : \_\_\_\_\_

3. Amount of Transaction : \_\_\_\_\_

4. Are you assessed to tax :  Yes  No

5. If yes,

i) Details of ward/ Circle / Range where the last return of income was filed : \_\_\_\_\_

ii) Reason for not having permanent account number : \_\_\_\_\_

6. Details of the document being produced in support of address in column 1.

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge & belief.

Verified today,

Date : 

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

Place : \_\_\_\_\_

Signature of Declarant









# 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 Declaration of Form No.60 or 61 obtained	<input type="checkbox"/>	7 Declaration ment for illiterate person/blind person/pardanshin ladies/Guradian of minor obtained	<input type="checkbox"/>
3 Recent photograph/s of the applicant/all the joint applicants obtained	<input type="checkbox"/>	8 Risk Rating has been done & marked in system	<input type="checkbox"/>
4 Proof of identification (as per list A) obtained	<input type="checkbox"/>		
5 Proof of address (as per list B) obtained	<input type="checkbox"/>		

### Customer Risk Rating Mark as (✓)

Risk Rating of Customer at Initial stage :  High  Medium  Low

### For Branch Verification

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

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 : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No Other Documents, If any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No Other Documents, If any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof : _____ Name of Address Proof : _____ Photograph (Latest) Obtained : Yes / No 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					

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



## E-Banking Services Application

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

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

### I/We wish to avail following E-Banking Services.

Debit cum ATM Card

I/We request you to issue

Insta Card

Personalised Debit Card

Other \_\_\_\_\_

SMS Banking

I wish to register my account for SMS-Messaging. My Mobile Number

Aadhaar - Linking कृपया माझे सेव्हिंग खातेशी आधार नंबर जोडण्यात यावा.

Please link my account to following Aadhaar No.

Enrolment No.

OR

E-Statement Frequency

Monthly

Quarterly

Yearly

Email ID : \_\_\_\_\_

Mobile Banking ( Separate form to be filled / स्वतंत्र अर्ज सादर करण्यात यावा )

Cheque Book / चेकबुक (15 Pages)

### Declaration / जाहीरनामा

I/we have read and understood the terms & conditions. I/we accept and agreed to be bound by terms and 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. Terms & Conditions as mentioned on page no. 7 & 8 of this form has been read, understood & binding on me. / 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 सर्व्हीस चार्जेस घेण्यास माझी/आमची मान्यता आहे. पान न. ७ व ८ वरील नमूद केलेले सर्व नियम व अटी वाचले असून ते सर्व मला मान्य व कबुल आहेत.

Date / दिनांक :

Applicant's Signature/ अर्जदाराची सही

### For Branch Use Only

The Above chosen services by customer has been marked in system properly & Welcome kit has been given to customer.  
वरील प्रमाणे ग्राहकाने मार्क केलेले सर्व सूचना सिस्टीममध्ये अपडेट केलेले आहे आणि वेलकम किट ग्राहकास दिले आहे.

Date

Officer

Asst. Manager / Branch Manager





### 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 & now 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/misplace 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.**





## 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 entitle 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 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 to hold the Bank indemnified in case the bank suffers any loss in account of operation of the scheme for my/our benefit.

## Saving Deposit Account:

1. The saving bank accounts should be used to route the transactions of only non-business/non-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. Third Party instruments enclosed in favor of the account holder will not be accepted.
2. Interest on Saving Bank deposit is calculated at a rate fixed by RBI or bank from time to time. This interest will be paid half yearly on the daily balance in the account.
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 Saving Bank 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 that can be made into the account.
11. The account holder can withdraw money personally from his/her Saving Bank Account by using Banks Standard withdrawal form. The pass book must accompany the withdrawal form. Debit-Cum-ATM card can also be used in ATMs for cash withdrawal. Third party payments through withdrawal forms are not permitted. The maximum number of debit entries i.e. withdrawals or cheque or transfer etc. permitted in account is 96 per year or as decided by bank from time to time.
12. 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, 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 Saving Deposit 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.

Date / दिनांक :

D	D	M	M	Y	Y	Y	Y
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Applicant's Signature / अर्जदाराची सही