



# समृद्ध भारतीय नागरी सहकारी पतसंस्था मर्यादित

## ACCOUNT OPENING FORM

Chairman / Vyvasthapak,  
Samrudha Bharatiya Nagari Sah. Pat.  
Matyadit

Date :

I/We request you to open an account with you for which I/we initially deposit Rs. \_\_\_\_\_ in

In words ( \_\_\_\_\_ )

Title of A/c Mr. / Mrs. / Ms. \_\_\_\_\_

### Choice of Account :

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Saving Deposit A/c | <input type="checkbox"/> Daily Deposit Saving A/c | <input type="checkbox"/> Current Deposit A/c |
| <input type="checkbox"/> Fixed Deposit A/c  | <input type="checkbox"/> Recurring Deposit A/c    | <input type="checkbox"/> SHG Deposit A/c     |

### Mandate for Account Operation :

- |                                 |                                  |  |   |
|---------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Any One | <input type="checkbox"/> Any Two Jointly | <input type="checkbox"/> Jointly by All |
|---------------------------------|----------------------------------|--|---|

### Frequency of Deposit :

- |                                |                                 |                                  |                                    |                                      |                                 |
|--------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Half Yearly | <input type="checkbox"/> Yearly |
|--------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|

### Personal Information

	1st Applicant	2nd Applicant	3rd Applicant
Full Name :			
Father / Mother / Husband's Name			
Sex ( M / F / Other)			
PAN			
Aadhar No.			
Date of Birth			
Relationship with first Applicant			

### Full Name of the Nominee :

Mr. / Mrs. / Ms. \_\_\_\_\_ DOB \_\_\_\_\_ Sex : M ☐ F ☐ Relationship \_\_\_\_\_

<b>Current Address</b>	At. Post :		
	Tal. :	Dist. :	Pin Code :
	State : Maharashtra	Tel. (O)	Tel. (R)
	Mob. No.	E-mail :	
<b>Permanent Address</b>	At. Post :		
	Tal. :	Dist. :	Pin Code :
	State : Maharashtra	Tel. (O)	Tel. (R)
	Mob. No.	E-mail :	
<b>Branch Address :</b>			

**Occupation : (Please Tick)**

☐ Service ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ Labour ☐ Other \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME (in Rs.) : (Please Tick)**

☐ up to 60000 ☐ 60001 to 120000 ☐ 120001 to 240000 ☐ 240001 to 360000 ☐ 360001 & above

**Proof of Address submitted (individuals) : (Please Tick)**

☐ Passport Copy ☐ Voter's ID Card ☐ Employer's ID Card ☐ Driving License ☐ Aadhar Card  
☐ PAN Card ☐ Latest T.Phone Bill ☐ Latest Electricity Bill ☐ Ration Card

**Introduction by existing Member, A/c. Holder**

I \_\_\_\_\_ (Name) A/

Confirm that I am an account holder with Samrudha Bharatiya Nagari Sahakari Patsanstha Matyadit. and that I Know Mr. / Mrs. / Ms. \_\_\_\_\_ Since Last \_\_\_\_\_ Months / Years. I also confirm his / her / their identity, occupation and address as stated in this application to open the account

**Signature of  
Introducer.**

**Declaration / Undertaking**

- 1) I/we declare that I / We have read and agreed upon the rules and regulations of Samrudha Bharatiya Nagari Sahakari Patsanstha Matyadit. in force and also framed from time to time by the society.
- 2) I / we authorise the society to invest the amount in my / our investment Deposit Account in any profitable businesses on profit loss sharing system. I / we hereby indemnify the society and its office bearers from any Loss that might occur in business on normal market risk.
- 3) I / we agree to refer our problem, in case of any dispute, to grievance Redressal cell of Society whose decision will be binding on me/us. One of my / our representative will join Grievance Redressal Cell for discussion and decision.

**Place :**

**Signature of the Applicant**

**Date :**     /     /20

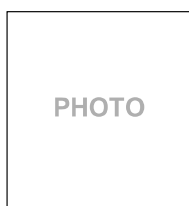
**Declaration in Case of Minor Account Opened by a Member, A/c. Holder.**

I hereby declare that the dated of birth is     /     /     of the minor who is my \_\_\_\_\_ and i am his / her natural guardian / lawful guardian appointed by the court order dated \_\_\_\_\_ (Copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority I indemnify the society of the claim of the above minor for any withdrawal / transactions made by me in his/her account.

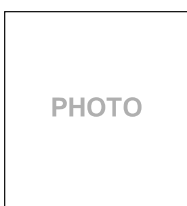
**Place :**

**Date :**     /     /20

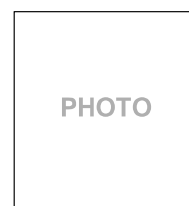
**Signature of  
Guardian**

**Signature in presence of the Society's : (One Sign Across the Photograph)**

**1st Applicant**



**2nd Applicant**



**3rd Applicant**

**For Office Use Only**

**Membership No.**

**A/c No.**

Letter of thanks to  
introducer /  
customer on

Account Opened & Verified by  
Name :

Authorised by  
Name :