

Mailing Address

1 st Applicant		
	Mobile :	E-mail

2 nd Applicant		
	Mobile :	E-mail

3 rd Applicant		
	Mobile :	E-mail

Permanent Address (if different from above) / Registered Office address in case of Companies.

1 st Applicant		
	Mobile :	E-mail

Proof of Address Submitted (individuals) Please Tick (✓)

Passport Copy	PAN Card	Latest Telephone Bill	Latest Electricity Bill	Driving License	Others (Please Specify)
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Introduction by existing UUCB Customer

- Name _____ A/c. No.

7	8	6																	
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 I confirm that I am an account holder with The Udaipur Urban Co-operative Bank Ltd. _____ Branch for last _____ months/years.
- I certify that I have known Mr/Mrs/Ms _____ since last _____ months / years and confirm his / her / their identity, occupation and address stated in this application to open the account.

Signature of Introducer _____

Declaration in Case of a Minor Account

I hereby declare that the date of birth

D	D
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M	M
---	---

Y	Y	Y	Y
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 (Submit copy of birth certificates) of the minor who is my _____ (Relationship with Minor) and I am his / her natural guardian / legal 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 on _____ . I indemnify the Bank against the claim of the above minor for any withdrawal / transaction made by me in his / her account .

Signature of Natural Parent / Legal Guardian _____

Name & Address _____

^{***} Relationship with minor - Father / Mother / By Court Order
(if Yes, Please attach a copy) / Other (Please Specify) _____

Declaration / Undertaking

I / We confirm that I/We am/are resident of India. I / We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I / We confirm having read and understood the Account Rules and hereby agree to bound by the terms & conditions, outlines in these rules which govern the account(s) which I / We am / are opening with UUCB and amendments there to made from time to time and those relating to various services.

I / We will keep watch on day to day transaction to detect early frauds, if any.

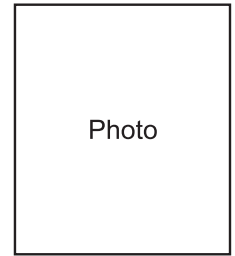
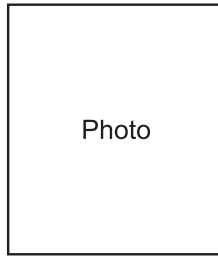
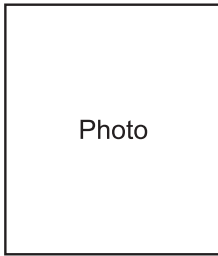
I / We understand that it is not obligatory for the Bank to inform me / us the impending due date of term deposit.

I / We confirm having noted that in event of dishonor of cheque drawn on my / our saving account on four occasions during a financial year for want of sufficient funds, no fresh cheque book would be issued by the Bank. The Bank may also consider closing this account at its absolute discretion at any time.

In the event of the death of any joint depositors prior to the maturity of deposit (s), the Bank at its absolute discretion at the request of the surviving depositor (s), be at liberty and may add / delete any name or repay the deposit before maturity, or grant an advance against security there of, on such terms as the Bank may and its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.

I / We undertake to inform the Bank, any change in my / our address and financial condition and also undertake to update my/our KYC details at regular interval within the time frame as per Reserve Bank of India directions from time to time. In case of non-compliance the Bank can stop operation in my/our account and/or close my/our account at its sole discretion.

Signature of the Applicant (s) _____



Signature line for 1st Applicant

Signature line for 2nd Applicant

Signature line for 3rd Applicant

1st Applicant

2nd Applicant

3rd Applicant

Customer ID No.

Customer ID No. grid for 1st Applicant

Customer ID No. grid for 2nd Applicant

Customer ID No. grid for 3rd Applicant

Signature in the presence of bank officials : (Applicants should also sign across photographs)

MANDATE FOR PREMATURE PAYMENT OR GRANT OF LOAN / ADVANCE AGAINST TERM DEPOSITS

Account No.

Account No. grid with digits 7, 8, 6

FDR Receipt No. : _____

The Bank may, on Receipt of written application from Mr. / Mrs. / Ms. _____

the former / **the first Name of us** / **the second Name of us** / **Either or Survivor of us** /

Any one or survivor (s) of us or _____

its absolute discretion and subject to terms and conditions as the Bank may stipulate.

- a) Grant a loan / advance against in the security of term deposit.
- b) Make premature payment of the proceed of the deposit.
- c) Renewal : Maturity Amount Principal Amount.

Name of Depositor(s)	Signature(s)

FOR OFFICE USE

Threshold Limit	_____	_____	_____
Risk Categorization	_____	_____	_____
	1 st Applicant	2 nd Applicant	3 rd Applicant

Account opened & verified by : Name :	Approved by : Name :
Signature with Code No.	Signature with Code No.

*** Revision in KYC/AML Norms :**
 Change _____
 Date : _____ Authorised Signatory

*** Revision in KYC/AML Norms :**
 Change _____
 Date : _____ Authorised Signatory



THE UDAIPUR URBAN CO-OPERATIVE BANK LTD.

Regd. Office : 1st Floor, 9C-A Madhuban, Udaipur - 313 004 (Raj.)

_____ Branch

FORM DA - 1

Nomination under section 45 ZA read with the section 56 of the Banking Regulation Act. 1949 and the Co-operative Banks (Nomination) Rules 1985 in respect of Bank deposits.

I / We _____ (name & address)

nominate the following persons to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned.

Name & Address of Nominee	Age	Relationship	If Nominee is a minor, his/her date of birth

As the nominee is a minor on this date, I / We appoint Mr. / Mrs. / Ms. _____
_____ (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place : _____

Date : _____

*** Signature (s) / Thumb impression (s) of Depositor (s)**

Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Strike out if nominee is not a minor.

* Thumb impression (s) shall be attested by two witnesses.

Name & Address of Witness	Signature
1.	
2.	

Check List

In Addition to this form, kindly submit the following to confirm the Photo Identity, Permanent Address and Present Address

- * Passport Copy / Photo Credit Card / Pan Card / Driving License / Govt. ID Card / Voter ID / Latest Electricity Bill / Latest Water Bill / Telephone Bill / Aadhaar Card.

For Senior Citizens (age verification through any one of the following)

- * Passport Copy / School Leaving Certificate / Voter Card / LIC Policy / Employment Discharge Card issued by PSUs / Any other document acceptable to Bank / Aadhaar Card.

For Club / School / Societies (including Co-operative) / Association / Committee etc.

- * A certified true copy of Certificate of Registration of Incorporation (original to be returned after verification)
- * Duly certified copies of constitution, rules, regulations and by-laws (as the case may be).
- * Certified true copy Memorandum of Association, wherever applicable.
- * Certified true copy of the resolution passed by the Managing Body authorizing opening of account including mandate for operation of the account.
- * A copy of the latest balance sheet in the case of Co-op. societies, if available.

For Trust

- * A certified true copy of Certificate of Trust Deed for examination (Original to be returned after verification)
- * The relevant extracts from the instrument (Trust Deed) pertaining to the number of trustees, operation of bank accounts and / or power of delegation etc.
- * A certified true copy of Certificate of Registration.
- * A resolution signed by all the trustees authorizing opening of account including mandate for operation of the account.

For HUF

- * Letter from all major co-parceners of Joint Hindu Family.