



# LONAVLA SAHAKARI BANK LTD.

Head Office : K.K. Apartment, Lonavla 410 401

Tel. : 275160 Fax : 275161 E-mail : lsbank.ho@gmail.com

Branch: \_\_\_\_\_ **ACCOUNT OPENING FORM** Date: \_\_\_\_\_

CKYC No. \_\_\_\_\_

Cust. No. \_\_\_\_\_ Account No. \_\_\_\_\_

Please open an account as per details given below -  whichever is applicable

**SAVING ACCOUNT**  **CURRENT ACCOUNT**  **TERM DEPOSIT**

**Name of - Individual / Firm / Company / Trust / Society / Institution / HUF / Minor**

\_\_\_\_\_

Surname

First Name

Middle Name

**Joint Name / Name of Proprietor / Partner / Director / Trustee's ? Guardian / HUF Karta**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

PAN \_\_\_\_\_

Minor Date of Birth \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Pin Code : \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email : \_\_\_\_\_

**Mode of Operation**  Self  Either Or Survivor  Former Or Survivor  Jointly  
 Minor by Guardian  Other Specific \_\_\_\_\_

**Deposit Amount Details :**  **Cash**  **Transfer**  **Cheque** Amount ₹ \_\_\_\_\_

Period : Days/Months/Year \_\_\_\_\_ Rate of Interest \_\_\_\_\_ % Receipt No. \_\_\_\_\_

Due Date \_\_\_\_\_ Maturity Amt. Payable ₹ \_\_\_\_\_

**Standing Instruction :**

■ **Mode of Interest :**  Monthly  Quarterly  Half Yearly  Yearly  Cumulative

■ **Interest Credit to :** Saving / Current / ABB / A/c No \_\_\_\_\_ With \_\_\_\_\_ Br. \_\_\_\_\_  
or Other Bank \_\_\_\_\_ Branch \_\_\_\_\_ IFSC \_\_\_\_\_

■ **Kindly Debit Monthly Recurring Installment of ₹ \_\_\_\_\_ to my A/c No \_\_\_\_\_**

With \_\_\_\_\_ Branch **# Nomination :**  **Required as per Details Overleaf.**  **Not Required.**

**Please Provide me**  Cheque Book  ATM Card  Mobile Banking  Internet Banking  SMS Banking

**E-Statement :** Frequency \_\_\_\_\_ **Name on ATM Card** \_\_\_\_\_

### Declaration

I/We have read & understood the terms & conditions. I/We accept & agree to be bound by terms & 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.

Signature of Applicant

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

Date :

Place

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

**NOMINATION FORM DA 1**

Nomination under sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2 (1) of the Co-operative Banks (nomination) Rule 1985, in respect of Bank deposit.

I/We (name (s) & Address (es) \_\_\_\_\_  
nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account particulars where of are given below, may be returned by  
THE LONAVLA SAHAKARI BANK LTD. BRANCH \_\_\_\_\_

Nature of Deposit & A/c. Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is minor, his date of birth

\*As the nominee is a minor on this date, I/We appoint (Name (s) & Address (es) \_\_\_\_\_

to receive the amount of the deposit in the Account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Date : \_\_\_\_\_ Place : \_\_\_\_\_ Signature (s)/\*Thumb Impression (s) of Depositors \_\_\_\_\_

**\*Witness (In case Thumb Impression Only)**

1) Signature \_\_\_\_\_ 2) Signature \_\_\_\_\_  
Name (s) \_\_\_\_\_ Name (s) \_\_\_\_\_  
Address (es) \_\_\_\_\_ Address (es) \_\_\_\_\_

**Nomination Registration : Yes / No**

**Declaration for Proprietorship Firm**

I, the undersigned hereby inform you that I am the sole proprietor of the firm M/s. \_\_\_\_\_ and I am solely responsible for liabilities thereof. I shall advise you in writing of any change in constitution of the firm and I will be liable to you for any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been fully liquidated. The documents & it's contents submitted at the time of opening of this account are true and correct.,

Date : \_\_\_\_\_ Place: \_\_\_\_\_ Proprietor \_\_\_\_\_

**Declaration for Partnership Firm**

We, the undersigned are the only partners in the firm. We are jointly and severally responsible the Bank for the liabilities of the firm with the Bank. The Bank may recover its claim from the estate of any or all the partners of the firms. We shall advise you in writing of any change that take 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 receipt of such notice and untill all such obligations shall have been liquidated. The documents and its contents submitted at the time of opening of this account are true and correct.

(To be signed by the Partners of the firm without rubber stamp)

1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

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

**For Banks Use only**

Address of the applicants has/have been confirmed. Photographs/s has/have been affixed and signed in my presence. Applicant/s Introducer has/have signed in my presence. KYC document obtained & verified.

**AML Rating - Low / Medium / High**

Date 

D	D	M	M	Y	E	A	R
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Sign. Of Authorised Official/Branch Manager





लोणावळा सहकारी बँक लि.  
LONAVALA SAHAKARI BANK LTD.

शाखा Branch :

दिनांक Date \_\_\_\_\_

बचत खाते क्र. Savings A/c No. \_\_\_\_\_

खातेदाराचे नांव Name of A/c \_\_\_\_\_

चेक/रोख रु. Cheque/Cash Rs

रुपये (अक्षरी) Rupees in words. \_\_\_\_\_

जमाकर्ता Deposited by \_\_\_\_\_



लोणावळा सहकारी बँक लि.  
LONAVALA SAHAKARI BANK LTD.

शाखा Branch :

रोखीचा तपशील Particulars of Cash

Notes of Rs.	Notes	Rs.	Ps.
2000			
1000			
500			
200			
100			
50			
20			
10			
5			
2			
1			
Coins			
Total Rs.			

बचत खाते क्र.  
Savings A/c No. \_\_\_\_\_

खातेदाराचे नांव Name of A/c \_\_\_\_\_

रुपये (अक्षरी) \_\_\_\_\_

Rupees in words \_\_\_\_\_

प्राप्तकर्ता  
Recd by \_\_\_\_\_

खा.पु. L.F. \_\_\_\_\_

दिनांक Date \_\_\_\_\_

चेक / रोख रु.  
Cheque / Cash Rs.

यांचे खाती

जमा करावे

जमाकर्ता  
Deposited by \_\_\_\_\_

