



ಬಿಡಿವಿಸ್ ಸೌಹಾರ್ದ ಸಹಕಾಲಿ ನಿಯಮಿತ,

ನೋ.ಸಂ:ಡಿಆರ್‌ಬಿ-1/ಆರ್ ಜಿ ಎನ್/ಸೌ ನೋ/4/4671/2020-21 ದಿನಾಂಕ: 26-08-2020

ನಂ. 383, 'ಬನಶ್ರೀ ಭವನ', 7ನೇ ಬಿ ಅಡ್ಡ ರಸ್ತೆ, ವಿನಾಯಕ ಬಡಾವಣೆ, ನಾಗರಭಾವಿ 2ನೇ ಹಂತ,
ಬೆಂಗಳೂರು - 560072 E-mail: bds.ssn2021@gmail.com Ph:080-23183555

ACCOUNT OPENING FORM

Branch: _____

Date: _____

(For office use only) : Customer Id: _____

APP no: _____ Account No: _____

1. Please fill Up in BLOCK letters only. Use black ink fo Signature.
2. Filed marked Asterix (*) are mandatory.
3. Please affix a passport size photograph in the box provided. Also enclose Photograph fo affixing in the pass book.
4. For opening account of minors, where proof of identity/address is not available, the same will be provided by Father/Mother and Natural Guardian.
5. In case of Illiterate customers, left thumb impression (LT) to be affixed and verified.

Affix latest
passport size
Photograph here.

Personal Details*

Customer Type: Public Member Senior Citizen Minor

Name: Mr Ms Mrs

Name of Father/Spouse/Guardian: Mr Ms Mrs

Date of birth _____ Gender : Male Female Nationality: _____

Mother's Maiden Name: _____ CID No: _____

Marital Status: Single Marries Others Married Date: _____

UID No: _____ UID No of Father/Mother in case of Minor: _____

Address*: (Current Residential/office)

Residential Type: Rented Lease Owned Parental/Ancestral Company Provided

City: _____ Pin code _____ State: _____

Mobile No: _____ Telephone No : _____

Email Id: _____

Fax no. _____ Office Telephone: _____

Permanent Address* : Same as above. Rented/Lease/Owned

City : _____ Pin code _____ State: _____

Additional Details (Wherever Applicable):

Income: ₹ _____ Monthly Annually **Assets** (Approximate Value): ₹ _____

Religion: Hindu Muslim Christian Sikh Others : _____

Status: Blind Physical Challenged Pardanashin Normal

Category: General OBC SC ST **Blood group:** _____

Educational Qualification: Non-Graduate Graduate Post Graduate Others

Occupation type: Salaried Self-Employed Business Retired Student

Others: _____

Organization Name: _____

Designation/Profession: _____

Passport No: _____ Voter Id No. _____

Pan No: _____ Other: _____

Vehicle: Car Two Wheeler Others: _____

Existing Loan: Motor Loan Home Loan Personal Loan Business Loan Others : _____

Mailing Address : Resident (Present) Resident (Permanent) Office

Type of Deposit:

Saving Account Fixed Deposit Special Term Deposit Recurring Deposit

Pigmy Deposit Star Deposit Samruddu Patra Debentures Others _____

Deposit Amount: ₹ _____ (in words _____)

Deposited Period: _____ ROI: _____ %, Per month /Day In case RD/Pigmy ₹ _____

Maturity amount: ₹ _____ Standing Instructions (If any)

Payment Details: Cash Cheque (No. _____ Bank _____)

RTGS/NEFT (Ref No: _____) Account Transfer (No: _____)

Interest Payable: Monthly Quarterly Semiannually Annually Maturity

Renewal Details: Auto Renewal (Principal) Auto Renewal (Principal + Interest)

Renew Rs: _____ Auto Renew for period of _____ Do not Renew

Payment Instruction: Pay Principal + Interest Pay Principal (only) Pay Interest (only)

By Credit to my Bank Ac No. _____ By DD/Cheque By RTGS/NEFT

Mode of Operations: Self only Either or survivor Former of survivor

Any one or Survivor Jointly (Please fill the annexure) Others _____

Service Required: Pass book SMS alert Cheque Book Statement (Quarterly/Half yearly)

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.

Date:

Place:

Signature/Thumb impression of Depositor

NOMINATION (DA1 FORM)*

(Only one individual nominee permitted and to be signed also in case of no nomination)

Registration no:

I wish to nominate I do not wish to nominate Print Nominee Name: Y/N

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We (Name) _____ (Address) _____

Nominate the following person to whom in the event of my/our/mion's death the amount of deposit in the above account may be returned by **BDS Souhardha Sahakari Niyamita**.

Name: _____ Address: Same as Primary Applicant

If different from primary Applicant _____

Relationship with depositor, if any _____ Age _____ Yrs, If nominee is Minor,

Date of Birth _____

*As nominee is minor I/We appoint (name): _____

Address: Same as Primary Applicant If different _____

_____ Relationship with minor* _____,

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

Signature of Witness***

Name: _____

Address: _____

Signature of Primary Applicant**

Name: _____

Address: _____

Date:

Place:

Signature of the Joint Applicant (s)

* Strike out if nominee is not a minor

** 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.

**** In case of thumb impression, nomination to be filled in as an annexure

Standing Instructions:

I/We hereby authorize BDS-SSN and execute this instructions to transfer/debit of amount Rs _____
from My S/B A/C No _____ maintained with you to _____ A/C,
with A/C No _____ on _____ (Date) every
Month/Week/Days of _____ until my further instructions.

I/We further undertake to maintain sufficient balance in my/our above said account to enable you to
carry out the said standing instructions on the above specified date.

Date:

Signature/Thumb impression of Depositor

DECLARATION BY THE BRANCH:

I hereby certify that this account opening form is complete in all respects and relevant documents have
been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and
performed due diligence to verify the genuineness of the customer.

The Account may please be set up in Core Banking. In case of signature mismatch, I certify that the
customer has been personally met and has signed in my presence. Kindly process the request

Date:

Authorized Signature

Introduction Details:

Name: _____ A/c No. _____

Address: _____

Relationship with Introductory: _____ I know applicant from _____ Yrs

Date:

Signature

Annexure Joint Account Applicant 1

Customer Type: Public Member Senior Citizen Minor

Name: Mr Ms Mrs

Name of Father/Spouse/Guardian: Mr Ms Mrs

Date of birth: _____ Gender: Male Female Nationality: _____

Mother's Maiden Name: _____ CID No: _____

Marital Status Single Married Others Married Date : _____

UID No: _____ PAN No: _____

Affix latest
passport size
Photograph here.

Annexure Joint Account Applicant 2

Customer Type: Public Member Senior Citizen Minor

Name: Mr Ms Mrs

Name of Father/Spouse/Guardian: Mr Ms Mrs

Affix latest
passport size
Photograph here.

Date of birth _____ Gender : Male Female Nationality: _____

Mother's Maiden Name: _____ CID No: _____

Marital Status: Single Married Others Married Date: _____

UID No: _____ PAN No : _____

Communication Address*: (Current Residential/office)

Residential Type: Rented Lease Owned Parental/Ancestral Company Provided

City: _____ Pin code _____ State: _____

Mobile No: _____ Telephone No : _____

Email Id: _____

Fax no. _____ Office Telephone: _____

Permanent Address* : Same as above. Rented/Lease/Owned

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.

Date:
Place

Signature/Thumb impression of Depositor

Acknowledgement slip:

Application no :

Received an Application from: _____

Type of Deposit : _____

Nomination registration No: _____ Date: _____

I have shared all the necessary terms and conditions pertaining to the products that customer has/have applied for.