



DEEPAK SAHAKARI BANK LIMITED

H.O. NO. 1703, 28TH Cross, II Block, Rajajinagar, Bangalore - 560010

SAVING BANK ACCOUNT / BASIC SAVINGS BANK DEPOSIT / CURRENT ACCOUNT OPENING FORM

(for Office Use Only)

Account type : Normal/BSBD/Minor/CA

Account No.

Customer ID : 1. 2. 3.

CKYC No. 1. 2. 3.

ACCOUNT TYPE Savings Account BSBD Account Current Account

To:
The Manager
Deepak Sahakari Bank Ltd.,

Branch

Please open a Saving Bank Account / BSBD/ Current account / Other account in my / our name/s in the books of your Bank to the credit of which I/we deposit Rs. (Rupees.....)

I/we agree to comply with and be bound by the bank rules, by laws, and R.B.I. directives for time being in force (and the changes from time to time) for conducted to such accounts.

I/we furnish the details herein under as required by you.

Yours faithfully

Signature/s 1. 2. 3.

x Please fill the form preferably in 'BLACK' ink only

x Please fill the form in CAPITAL LETTERS only

x Please write your NAME as it appears in all your support documents

x Please Countersign in full for any overwriting / alteration

x Specify the address with City, State & PIN Code

A. PERSONAL DETAILS

Applicant (Surname) (First Name) (Middle Name)

1st Applicant

2nd Applicant

3rd Applicant

Applicant Date of Birth PAN NUMBER AADHAR NUMBER

1st Applicant

2nd Applicant

3rd Applicant

Applicant	Gender (M/F)	Married (Y/N)	Minor* (Y/N)	PEP**	Related to a PEP	No. of Dependent	Email ID
1st Applicant							
2nd Applicant							
3rd Applicant							

*If Minor, Please fill-up declaration **PEP-Politically Exposed Persons

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials. I hereby confirm and declare that I am not a Politically Exposed Person(s) or a relative of a Politically Exposed Person.

Please tick Yes / No

1st Applicant PEP / Relative or Close Associate of PEP Yes No

2nd Applicant PEP / Relative or Close Associate of PEP Yes No

3rd Applicant PEP / Relative or Close Associate of PEP Yes No

I hereby agree that the Bank reserves the right to close the account, in case aforesaid declaration is found to be untrue. In the event if any change in this declaration and/or if subsequently become a PEP(s) or a relative of a PEP, after the opening of account. I hereby agree to promptly inform the Bank regarding the same and forthwith submit the relevant PEP declaration form at Deepak Sahakari Bank branch.

E. Office Address**Emp. No.**

1st Applicant

2nd Applicant

3rd Applicant

F. Proof of Identity/Address (Officially Valid Documents)

A - Passport B - PAN Card C - Driving License D - Election Id E - Others

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

F. BASIC SAVINGS BANK DEPOSIT ACCOUNT

- | | |
|---|---|
| 1. Normal Banking service available
2. No limit on number and value of deposits that can be made in a month
3. Cheque book with minimum 10 cheque leaves per year
4. Shall not require to maintain a minimum balance | 5. The holder of a BSBD account not be eligible for opening another BSBD account in the same bank or any other bank
6. To open BSBD account he/she has to give declaration that he/she does not have a BSBD account in any bank
7. Not eligible to open other SB account in the same bank, can open Term Deposit accounts.
8. If customer having existing SB A/C has to close the same within 30 days from the date of opening the BSBD account. |
|---|---|

G. ENTITY NAME :

REGISTERED ADDRESS :

COMMUNICATION ADDRESS:

GST NO..... License Approved by

..... Valid till.....

H.I/We, the undersigned Proprietor/Partners/Authorized Signatory/s of M/s.....having its office at No.

want to open new Current Account in your Bank, and I/We declare that I/We have Current Account in /do not have Current account in any Bank in the above said concern name and not availed any credit facilities with any other Bank/s

Signature with Seal**I. ADDITIONAL INFORMATION:**

Line of Business:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Services	<input type="checkbox"/> Wholesale Trader	<input type="checkbox"/> Retail Trader	<input type="checkbox"/> Import/Export
Type of Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Society	<input type="checkbox"/> Trust/Association	
	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Public Sector	
	<input type="checkbox"/> Partnership (LLP)	<input type="checkbox"/> Unit-Central	<input type="checkbox"/> Company	<input type="checkbox"/> Unit-State	
Nature of Industry	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Others		
	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Airlines	<input type="checkbox"/> Antique/Art Dealer	<input type="checkbox"/> Arms Dealer	<input type="checkbox"/> Automobiles
	<input type="checkbox"/> Banking Services	<input type="checkbox"/> BPO	<input type="checkbox"/> Business Correspondent	<input type="checkbox"/> Call Centre	<input type="checkbox"/> Chit Funds
	<input type="checkbox"/> Cement	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Construction/Real Estate	<input type="checkbox"/> Consumer Durable	<input type="checkbox"/> Education
	<input type="checkbox"/> Electronics	<input type="checkbox"/> Engineering	<input type="checkbox"/> Embassies/consulates	<input type="checkbox"/> Fertilizers/seeds/pesticides	<input type="checkbox"/> Gems & Jewelers
	<input type="checkbox"/> Logistics	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hotel/Restaurant	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Leather
	<input type="checkbox"/> IT/ITES	<input type="checkbox"/> Media & Entertainment	<input type="checkbox"/> Metals & Mining	<input type="checkbox"/> Retail	<input type="checkbox"/> Money Changer/ Forex Dealer
	<input type="checkbox"/> Shipping	<input type="checkbox"/> Telecom	<input type="checkbox"/> Power	<input type="checkbox"/> Political Party	<input type="checkbox"/> Petrol Pump/Gas Station
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Textiles	<input type="checkbox"/> Religious Institution	<input type="checkbox"/> Travel & Tourism	<input type="checkbox"/> Stock/commodity Other Broker

J. (For the use of Co-operative Societies and Limited liability Companies only)

Copy of resolution Passed by the Board of Directors/Managing Committee of the At their meeting held on Resolved that a banking account be opened with the DEEPAK SAHAKARI BANK LTD., in the name of and further resolved that the same may be operated by the following office Bearers on behalf of Shri/Smt. Shri/Smt. Shri/Smt.

Confirmation Signature of the Chairman with Seal

K. PROOF OF BUSINESS EXISTENCE :

- 1. Registration and License issued by municipal authorities
- 2. GST registration Certificate
- 3. Professional Tax registration Certificate
- 4. State Government Registration Certificate
- 5. RBI/SEBI registration Certificate
- 6. FSSAI License
- 6. Import and Export License from DGFT

L. PROOF OF BUSINESS ADDRESS

- 1. TAN Allotment Letter
- 2. Property Registration Document
- 3. Property Tax/Water Bill
- 4. Rental Registration Document

M. PARTNERSHIP LETTER

As the firm of Carrying on business as
 At.....and elsewhere (herein after referred to as "the firm") have or desire to have dealing with the Deepak Sahakari Bank Ltd., we here by inform you that we the undersigned are partners of the said firm and each of us unrestricted authority to sign on behalf of and to bind the firm. We also give below the names of our other partners, if any, who also have unrestricted authority to bind the firm and who have not owing the absence for other reasons, signed this form.

We the partners who have signed and the partners who have not signed, if any, are jointly and severally responsible to the Bank for all the liabilities of the Firm to the Bank. The Bank may recover the claims from the estate of any or all of the partners of the firm, and in case any partner is a member of a joint family from the estate of the joint family and the interest therein of every co-personer of the family.

Whenever any change occurs in the constitution of the firm we (the partners) undertake immediately to inform the Bank in writing and our individual responsibility and that of our respective estates to the Bank will continue until we receive from the Bank an acknowledgment of the Change in our constitution and until all our liabilities to the Bank prior to the aforesaid changes are discharged.

We (the partners) also undertake that all acts of the firm purporting to be done on behalf of the firm before the Bank shall have receive notice of any change in the constitution of the firm shall be binding on the firm and each of us and our respective estates until all liabilities in respect of such acts shall have been discharged.

We declare that the partnership is registered/unregistered a copy of which duly attested by all the partners is enclosed herewith.

Full name of all Partners

Individual Signature (s)

Yours faithfully

.....

Signature on behalf of the firm with seal

I/We certify that all the information furnished by me/us is true. I/We authorize and give consent to the Bank or its agents to make references/enquiries as may be necessary and to disclose, without notice to me/us, information furnished by me/us in application form(s)/ related documents or exchange/share/part with any/all information including financial details with Credit Bureaus/Statutory Bodies/Regulatory Authority/Law Enforcement Authority, other agencies as may be deemed necessary or appropriate, at any point of time. I/we also authorize the Bank to disclose the information relating to Bank Guarantee/Letter of Credit facility if any availed by me/us. I/we value the privilege of privacy and private of contract.

I/we have obtained, read, understood and agree to the Terms and Conditions governing the opening of an account with Deepak Sahakari Bank Ltd., I/we have understood that non-maintenance of the Minimum balance will attract charges. These charges have been explained to me.

.....

Signature of 1st Applicant

.....

Signature of 2nd Applicant

.....

Signature of 3rd Applicant

N. Details of Related Person (To be filled for minor) (declaration)

Customer ID : Account No.

CKYC No.

Type of Guardian: Father Mother Court Appointed

Full Name of Guardian :

Name of the Minor :

Minor Date of Birth : Minor Date of Birth Proof issued by

I hereby declare that the date of birth of the minor who is myAnd I am his/her natural and lawful guardian/guardian appointed by 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 attain majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account

Date

Signature of Guardian

O. INTRODUCER'S DETAILS

NAME : **A/C No. :**

Customer ID : Branch Name :

I confirm that I am an account holder with DEEPAK SAHAKARI BANK LTD., for overmonths/years. I confirm that I personally know the applicant/s.....for more than.....Months/Years and confirm his/her/their identity, occupation and address.

Date:

Introducer Signature

NOMINATION FORM

FORM FOR NOMINATION, CANCELLATION OF NOMINATION AND VARIATION OF NOMINATION IN RESPECT OF THE BANK DEPOSITS, SB/BSBD/CA
(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies
(Nomination) Rules, 2025)

Bank Name Branch..... Date :

CA/SA

Type of Account (Tick) Savings Current Deposit Locker

1. Bank Customer details including deposits:

Holder Name 1: Holder Name 2:

Holder Name 3: Holder Name 4:

2. Nomination Details

New Nomination / Variation in Existing Nomination, or No, I do not wish to avail Nomination facility

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/our death:

(A) Successive Nomination

Priority	First Nominee	Second Nominee	Third Nominee	Fourth Nominee
(B) Name				
(C) Address				
(D) Email if any				
(E) Mobile if any				
(F) Relationship with bank customer, if any				
(G) Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
(H) Aadhaar No.				
(I) PAN Number				
(J) Proportion of amount of deposit in %age (Priority of Successive nomination (A) will not be applicable if % age is mentioned also %age is not applicable for Locker)				
(%age) in numbers				

Instructions for Bank Customer: (i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%. (ROW H) (ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order. (Row A) (iii) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in row (A). (iv) You may nominate more than one individual, with clearly defined share percentages. (v) You may appoint successive nominees. In case of successive nomination, nomination shall be effective only in favour of one individual in order of priority in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination. (vi) Nomination is applicable to Bank Accounts/SB/BSBD/CA detailed above unless otherwise specified (vii) If deposit is made in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor

NOMINATION FORM

1. Guardian Details (if any nominee is a minor)

No.	Name of Nominee	Name of Guardian	Relationship with Nominee	Address Email / Mobile No. of guardian, if any
1				
2				
3				
4				

2. Cancellation of Nomination:

I/We..... the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me/us in respect of the deposit/SB/BSBD/CA described above. I/We declare that the above nomination has the effect of cancelling previous nominations in respect of the bank SB/BSBD/CA.

3. Declaration & Signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above- mentioned accounts(s).

Holders	1st Holder	2nd Holder	3rd Holder	4th Holder
Holder Name				
Holder Signature				

Name and signature

Name and signature

Applicant/s details obtained and verified as per KYC norms accepted for opening the SAVING BANK ACCOUNT / BASIC SAVINGS BANK DEPOSIT / CURRENT ACCOUNT

Junior Assistant/ Senior Assistant

Branch Manager