



नव जीवन को-ऑप. बैंक लि.

نوجيون کوآپريٽو بينڪ لميٽيد

**Nav Jeevan Co-op. Bank Ltd.**

ESTD:1985

Head Office : Bhawani Saw Mills Compound, Furniture Bazar, Ulhasnagar - 421003

**Current Account Opening Form**

Branch  Date

Account No.  Customer ID

Applicant	Title	First Name	Middle Name	Surname
1st Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name (Firm & Company)

Date of Establishment

Applicant	Date of Birth (dd/mm/yy)	Sex M/F	Marital Status	Occupation	Religion	PAN No.
1st Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Details

	Aadhaar No.	Email ID
1st Applicant	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="text"/>
3rd Applicant	<input type="text"/>	<input type="text"/>

**Customer Profile :**

**Constitution**

Individual     Sole Proprietor     Partnership     HUF  
 Pvt. Ltd. Co.     Public Ltd. Co.     Others Please Specify

**Type of Business**

Manufacturing     Wholesale/Retail Trade     Professionals/Services     Small Scale Industry  
 Finance     Small Business Enterprise     Transport     Real Estate     Corporate     Others

Nature of Business

Licence/Registration Certificate No.

Capital/Net Worth of the Firm/Company  Annual Turnover

Signature of 1st Applicant                      Signature of 2nd Applicant                      Signature of 3rd Applicant

**Correspondence Address**

**Address of 1st Applicant**

Bldg./Road Name

Landmark (Near/Opposite)

City/Town/Taluka  Pin :  State :

Contact Details Res.:  Off.:  Mob.:

Residence  Owned     Rented/Leased     Others Please Specify

Mother's Name

**Address of 2nd Applicant**

Bldg./Road Name

Landmark (Near/Opposite)

City/Town/Taluka  Pin :  State :

Contact Details Res.:  Off.:  Mob.:

Residence  Owned  Rented/Leased  Others Please Specify

**Address of 3rd Applicant**

Bldg./Road Name

Landmark (Near/Opposite)

City/Town/Taluka  Pin :  State :

Contact Details Res.:  Off.:  Mob.:

Residence  Owned  Rented/Leased  Others Please Specify

**Firm/Company's Address**

Bldg./Road Name

Landmark (Near/Opposite)

City/Town/Taluka  Pin :  State :

Contact Details Off.:  Mob.:

**Contact Person's Details**

Bldg./Road Name

Landmark (Near/Opposite)

City/Town/Taluka  Pin :  State :

Contact Details Res.:  Off.:  Mob.:

**Introduction Details by our existing customer**

Name  A/c No.

Type of A/c.  Branch  I Know the applicant/s for the last \_\_\_\_\_ Months/Years. I confirm the identity, Occupation and Address of the applicant/s.

Signature of Introducer

1st Applicant's Photo	2nd Applicant's Photo	3rd Applicant's Photo
Specimen Signature	Specimen Signature	Specimen Signature

**Other Services**

SMS Banking  ATM Card  Monthly Statement

Please indicate the name to be embossed on the Card.

**Nomination Form DA - 1**

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

I/we \_\_\_\_\_ Nominate the following person to whom, in the event of my/our/minor's death, the amount of deposit, in the account, particulars whereof are given below, may be returned by

**Nav Jeevan Co-op. Bank Ltd.** \_\_\_\_\_ Branch

Name	Address	Relationship	Age

If Nominee is Minor, His/Her Date of Birth \_\_\_\_\_

As the Nominee is minor on this date, I/We appoint \_\_\_\_\_  
\_\_\_\_\_ (Name, Address & Age) 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.

\* 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 minor

Nomination Registration No. : \_\_\_\_\_ Date :

Signature of Applicant/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant	2nd Applicant	3rd Applicant

\*\* Thumb Impression (S) shall be attested by two witnesses

Sign of Witness _____	Sign of Witness _____
Name _____	Name _____
Address _____	Address _____

Account to be operated by & Balance payable to :

Self                                       Either or Survivor                                       Any Two Jointly                                       Authorised Signatory  
 Jointly by all or survivor/s                                       Any one or Survivor                                       Any other instruction

Personal Details (Optional)

Education                       Non Matric                       Undergraduate                       Grad./P.G. (B.Com, B.Sc. Etc.)                       Grad/P.G., Professional (BE, MBA, MBBS etc.)

If Self-Employed Profession                       Doctor                       C.A.                       Engineer                       Advocate                       Others

Vehicles Owned                       Two Wheeler                       Three Wheeler                       Four Wheeler

Family Members                       Total                       Working                       Children                       Adult

Services Offered by the Bank (Life & General Insurance If required)                      Yes  No

**Declaration**  
I/We hereby confirm that the Rules of the Bank have been read by me/us and explained to me/us. I/We have understood & agree to be bound by the Bank's Rules & Regulations governing such accounts from time to time. I/we confirm that I am /We are Indian National/s & residents of India. I /We hereby declare that the above information is true & correct.

I/we authorize the Bank to collect the cheques /Drafts etc.. Handed over to the Bank for collection / negotiation as per Rules of the Bank at My/our Risk and Responsibility and indemnify you for any loss suffered by you in the matter due to any cause. I/We also authorize you to recover your commission, debit balance in the account caused at my/our request or otherwise with interest at applicable rate and incidental charges.

I/We had registered my/our above mentioned mobile number for SMS Banking facility. As and when my/our Mobile Number changed, I/We will intimate at your Branch, where I/We maintain my/our account. I/We have accepted & abide by the Terms & Conditions for SMS Banking Facility.

**Existing A/c with other Bank**

Name of Bank  A/c Type

OD/CC Facility  Yes  No If Yes, please specify amount  O/s. Bal

Loan facility Availed  Yes  No If Yes, Please specify \_\_\_\_\_

Date :

Place :

Signature (S)/# Thumb Impression (S) of Depositors.

### Letter of Proprietorship

From Mr. Mrs.  Residential Address   
  
 I wish to inform that I   
 am trading under the name and style of M/s.

and that I am sole proprietor of the said concern. I shall be responsible for all transactions in my account with you and obligations incurred with you or arising from the operation of my account, whether such obligation or account, whether such obligations or transactions are in the course of business under the said trade name and style otherwise. Notwithstanding any change in the constitution of my concern or disposal of my proprietary interest in Business in the said name and style of my Business is closed for any reason, I shall continue to be liable to discharge all my obligations to you at all times and undertake to intimate you about such changes and reconstitute or close the accounts as may be warranted.

Place  Date

### Partnership Letter

We request you to take notice that we are trading in partnership under the name and style of M/s.   
 and that our firm has been registered under the provision of Indian

Partnership Act with registrar Firms at   
as No.  and further request that all transactions entered into with you by all or any one or more of us and all obligation incurred by all or any one or more of us whether under the signature of the firm or subscribed by the individual signature of the persons entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by you as entered into and incurred for and on behalf of all of us jointly and severally and also the assets of the firm shall be liable for amount due to the bank. We also request you to take notice that everyone of us is authorized to draw, execute, endorse/accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and firm and we also request you to take notice that our liability or liability of our firm to you as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant, we further hereby intimate to you that as per an agreement between The Nav Jeevan Co-op Bank Ltd on the one part and ourselves on the other part to be as estate whether joint or separate and person of each or every one of us is liable to you in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to you regarding retirement in the manner required U/sec 32 of Partnership Act and such retiring partner/s shall be liable and continue to be liable to you for any act done by any of the partners.

Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the bank to do so for the specific purpose saving limitation we declare that the payment or acknowledgment/s made or given by any one or more of us shall be binding on all of us jointly and /or severally and that the said payment/s and acknowledgment/s so made given by one or more of us shall save limitation against all of us jointly and or severally for the purpose of law of Limitation, as such acknowledgment of debt and or payment/s shall be taken as given and made as agent/s of the other partners. This letter shall operate and be effective notwithstanding any provision on our deed of partnership which may conflict with any of terms herein.

To be signed in individual capacity, without rubber Stamp)

Name

Name

Name

### Letter of Authority

I/We hereby authorize you to honour all cheque or drafts drawn on the above account and to accept act upon receipt for money deposited or owing by the Bank on any account(s) at any times(s) kept in the account with the Bank provided such cheques or drafts are signed by

Mr. / Ms.  whose specimen signature card is enclosed duly countersigned by me/us not withstanding at such cheque or drafts may create overdraw or to increase it to any extent. Mr. / Ms.

is also authorized on my / our behalf to make draw, accept, endorse and negotiate

or otherwise sign any Hundies, Bills of Exchange and promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to receive payments of all money due to me / us, to acknowledge debt(s) due from me / us, or to me/us, as to bind me / us or to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me, any one or more of us on my / our behalf to borrow either with or without security, to withdraw any stock or other securities pledged, to give valid receipt for such securities and stock and to receive notices on my/ our behalf, execute necessary documents relating to my / our business with your Bank including guarantees and to issue guarantees on my / our behalf with or without security. This authority shall continue to be in force until I / we revoke it by a notice in writing delivered to you.

Signature of letter of authority holder

Counter Signature of by account holder

**For Bank's Use Only**

Applicant/s, introducer have signed & photos of applicant/s affixed in my presence, introducer's signature verified.

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Officer's Name

Officer's Signature

Approved (Branch Manager)

I hereby certify that this form is complete in all respects and relevant documents have been obtained/verified. Applicant/s, introducer has signed & photos of Applicant/s fixed in my presence. Introducer's signature verified.

**Risk Level (Customer Profile)**       Level 1                       Level 2                       Level 3

I hereby certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC requirements of the Bank. I hereby confirm that I have verified UN list of terrorist group & GOI advices & Bank's guidelines & confirm the applicant/s are not included in caution advices/black list. Based on the account may be opened.

**Terms & Conditions regarding collection of Cheques/Bills & other instruments.**

The Bank at its option but at the Risk and Responsibility of the Account holder may:

- 1 - Collect proceeds of the instruments lodged by the account holder from time to time.
- 2 - Appoint an agent/s to collect the proceeds of the instruments lodge by the account holder and as such agents appointed shall be the agent/s of the account holder to collect such instruments.
- 3 - Recover proceeds of instruments lodged by the account holder by way of Bank Draft/Cheques or any other mandate in lieu of cash.
- 4 - Take action/steps as deemed necessary to have proceeds of the instruments lodged.
- 5 - The Bank is hereby empowered to recover the various charges, if any, by debiting the same to the account holder.

Types of Account	Documents
<b>A) Accounts of Individuals</b>  Legal names and any other name used-Address proof  Correct Permanent Address	(i) Passport (ii) Pancard (iii) Voter ID Card (iv) Driving Licence (v) Identity Card issued by Public Authority (vi) Letter from the recognized Public Authority or Public Servant verifying the identity and residence of the customer to the satisfaction of Bank. (vii) Physical Aadhaar Card Letter issued by UIDIA.
<b>B) Proprietary concern</b>  - Legal name of the firm - Address of the firm - Name of the Proprietor and their addresses.	(i) Sales & Income tax returns (ii) CST/VAT certificate (iii) Certification/Registration document issued by Sales Tax/Service Tax/Professional Tax Authorities (iv) Licence issued by Registering Authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food & Drug Control Authority etc. (v) Registration Certificate (in case of registered concern) (vi) Certificate / Licence issued by the Municipal Authority under Shop & Establishment Act (vii) Complete income tax return (not just the acknowledgment) in the name of proprietor where's the firm income is reflected, duly acknowledge by IT Authorities. (viii) Utility bills such as Electricity, water & landline telephone bills in the name of proprietary concern. Note : (a) Any two of the above documents would suffice and it should be in the name of Proprietary concern. (b) Documents of identity as also the address proof of the proprietor (as given in A above)
<b>C) Account of Companies</b> - Name of the company - Principal place of the business - Mailing address of the company - Telephone / Fax Number	(i) Certificate of Incorporation and Memorandum & Articles of Association (ii) Resolution of Board of Directors to open an account and identification of those who have authority to operate the account. (iii) Copy of Pan Card along with allotment letter issued by IT Department. (iv) Copy of Telephone bill/Utility Bill (v) Power of Attorney granted to its Managers, Officers or employees to transact business on its behalf.
<b>D) Account of Partnership firms</b> - Legal name - Address - Name of all partners and their addresses - Telephone numbers of the firm and partners	(i) Registration certificate, if registered. (ii) Partnership deed duly Notarized if not registered. (iii) Power to Attorney (duly Notarized) granted to a partner or an employee of the firm to transact the business on its behalf with their Pan Card. (iv) Telephone Bill in the name of firm/partners. (v) Any official valid documents identifying the partners and the person holding the Power of Attorney and their address (as given in the A above) (Note : Registration certificate may be waived in case of partnership firm is not registered as on the date of opening the account. However, in case of advance, it is mandatory that the Partnership Deed be registered and the registration certificate be obtained while opening such Accounts)
<b>E) Account of Trusts &amp; Foundations</b> - Name of all Trustees, Beneficiaries and signatories - Name & Address of the founder the managers/directors and the beneficiaries. - Telephone / Fax numbers	(i) Trust Deed, Registration certificate issued by Charity Commissioner (if registered) (ii) Power of Attorney granted to transact the business on its behalf. (iii) Any official valid document to identify Trustees, beneficiaries and those holding power of attorneys, founders/managers/directors and their addresses (as given in A above) (iv) Resolution of the managers body of the foundation/association. (v) Telephone Bill (vi) ID proof of all designed officers.
<b>F) HUF Account</b>	HUF Pan card, ID & Address Proof of Karta, Declaration From Karta and letters from the Co-parceners.
<b>G) Account of Societies</b>	(i) Society has to be registered (ii) Resolution passed by the Members of the society in the Annual General Meeting declaring the names of the Committee Members, name of the Bank where they intend to open the account, operating instructions and authorised signatories. (iii) Any official valid documents to identify the authorised signatory and their address (as given in A above) (Note : It is not mandatory for the co-op. society to obtain the permission to open an account from the Registrar of the Societies.)

**\*PAN Card is mandatory**

## Terms and Conditions for ATM CARD

1. **Meanings :** The term 'Bank' refers to the Nav Jeevan Co-op. Bank Ltd. 'ATM' refers to the Automated Teller Machine installed at the ' branches of the Bank, 'Card Holder refers to the Authorized user of 'ATM Card 'ATM Account refers to the Authority of operating an ATM Account The 'CIB" refers to Card issuing Branch of the Bank and 'ITC' refers to information Technology Cell at Head Office of the Bank As the context may require words herein denoting the singular only shall be deemed to include the plural gender. Any notice there under to any such person shall be deemed effective notification to all such persons. if the person who signs and agrees to be bound by terms and conditions is a female as the context may require, words herein denoting the male gender also shall be deemed to mean include the female gender
  2. **ATM-Account Eligibility:** a) A satisfactorily conducted savings / current account or any other account as specified by the Bank to be eligible for opening of an "ATM Account." Such account shall be referred to as "ATM Account b) The cardholder shall give his preference of such account(s) held by him in writing on the application form for the issue of "ATM card" C) A Minor's account or an account in which a minor is a joint account holder, is not eligible for opening "ATM account". D) An account operated under joint signature(s) shall not be eligible to be an "ATM Account."
  3. **Joint Accounts:** In case of joint accounts, where only one card is issued to a joint account holder, the other joint account holders shall expressly agree with and give his unconditional, consent on the application form for issue of ATM card and having signed on the application shall be presumed having consented, agreed & accepted The terms & Conditions of ATM card and liable for all such transactions. if more than one person signs and agrees to be bound by terms and conditions the obligation of soon person there under shall be joint and several.
  4. **ATM - PIN (Personal Identification Number):**
    - a) PIN - Select: Each ATM card holder shall be issued his or her 'Personal Identification Number" (PIN) to gain access to the ATM services and to operate account. The Card holder should change his pin immediately on receipt of printed PIN mailer issued by Branch. The PIN shall under no circumstances be disclosed or open to any third party or keep the card & pin together. The card holder should keep memory of his PIN and maintain its secrecy to avoid any misuse and keep custody of ATM card safe and inaccessible. The cardholder shall be solely responsible for the consequences arising out of the disclosure of his PIN and/or unauthorized use of ATM card and shall be liable for any increased liability which he may incurred on account of unauthorized use of the PIN & ATM card.
    - b) PIN Change: it is advisable for the Cardholder: 1.To change his pin periodically 2. To change his pin, if certainly suspects it is no longer confidential 3. To select a noneasily guessable PIN. .
    - c) PIN Safety: Any wrong PIN fed to ATM machine for more than three occasions will retain the card in ATM 'itself. After completion of transaction, if ATM card remains unretrieved, it is assumed having forgotten and ATM will safely retain it in above circumstances approach your CIB for its retrieval.
  5. **ATM Card Safety:** It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep ATM card safely in plastic pouch to prevent any physical damage to magnetic strip and not expose it to magnetic fields, heat, water and dust anytime. If the card is broken or unreadable it will be considered as invalid card & new card will be issued on such an application by card holder & on handing over of such invalid card for cancellation to CIB. Same will be chargeable.
  6. **ATM Card Validity:** The ATM card will be valid maximum for a period five years from the date of issuance of card. However, validity period may be extended for further period under notice to the card holder.
  7. **Cash Withdrawal Limit:** Rs.25000/- per day/per card in subject to availability of balance in Customer Account.
  8. **ATM Features :** The facilities offered under ATM shall include :
    - A. Withdrawal of cash by the Card Holder from his ATM -account upto a certain amount / limit only as fixed by bank from time to time & date during a cycle of 24 hours.
    - B. Enquiry about the balance in ATM account.
    - C. Any additional facilities made available by bank from time to time.
  9. **Minimum Balance:** Minimum balance at all times in account shall have to be maintained as may be specified by the Bank from time to time. The Bank has discretion to levy penal interest or service charges as per the Bank's rules from time to time. If minimum balances is not maintained at any time, the bank shall discontinue ATM card facility without giving any further notice, and /or without incurring any liability or responsibility whatsoever by withdrawal of such facility.
  10. **Fees:**All fees related to ATM facility as determined by the Bank from time to time shall be payable forthwith on issuance of card and recovered by debiting the ATM card holders account if not paid in cash. In case of insufficient balance to debit account Bank has full right to stop the operation of ATM card and /or (to cease account or Bank shall withdraw the ATM card facility).
  11. **Non transferability:** ATM card is non transferable under any circumstances.
  12. **Overdraft:** If any transactions made by using the ATM card results into an overdraft in the ATM account, penal interest for the overdrawn amount shall be charged as per Bank's then prevailing interest rate structure and Bank may stop ATM facility.
  13. **Loss of card** In case of loss or theft of the ATM card, the cardholder shall intimate CIB immediately on same date in writing of loss of theft of ATM card. The cardholder shall, however be responsible and liable for all transactions effected by the use of the card till it is cancelled. Account holder will have to give in writing application for issuance of new card. Another ATM card will be issued to accountholder in lieu of lost / stolen ATM card on payment of card fees / charges.
  14. **Deposits** As and when facility of depositing shall be allowed on ATM Machine, the amount of cash / cheque deposited will be collected on next working day from the ATM Machine in the presence of bank's authorized staff and will be credited to the cardholder's account after verification by two authorized members of Bank. Any soiled mutilated notes deposited into ATM account will not be acceptable and shall be returned to the cardholder reducing the credit to that extent at his own cost, risk & responsibility. The amount thus verified by the Bank shall be deemed to be correct amount deposited by the cardholder and shall be conclusive & binding for all purposes. Foreign currency cash or cheques etc. deposits shall not be accepted in ATM facility whatsoever and shall be returned to the cardholder at his risk, responsibility, cost & consequences. Cheques deposited in ATM will be accepted for collection only and the proceeds will not be available until they have been cleared.
  15. **Refusal / termination / withdrawal of ATM CARD :** The Bank has absolute right and sole discretion to refuse to issue or to renew or to cancel or to suspend or to call off or to withdraw facility for misuse, malfunction, tampering ATM. nonpayment of account charges, interest, dues etc. without assigning any reason there for or giving prior notice.
  16. **Indemnification:** ATM cardholder shall indemnify the Bank for the loss or damage caused, directly or indirectly, by his act of commission/ omission contrary to any of the terms and conditions, or even otherwise.
  17. **Closure / termination:** ATM cardholder if desires to close the ATM account or terminate ATM facility can do so provided minimum seven working days prior written notice to CIB is given along with surrendering ATM Card to CIB of the Bank. The closure of such account will be allowed only on settlement of all dues in connection with ATM facility.
  18. **Account Status Change:** Any change in the mode of operation, transfer or change of ATM card account shall not be allowed unless "Bank's written permission is sought. For any change or transfer ATM card will have to be surrendered to the bank and a fresh card will be issued on payment of fees / charges.
  19. **Authority & Responsibility :**
    - A) The Bank shall not be responsible for any loss or damage arising directly or indirectly as a result of any malfunction / failure of the ATM card or the ATM or for the temporary insufficiency of funds in such machine or otherwise whatsoever.
    - B) The Bank reserves the right to limit the amount which may be withdrawn by cardholder daily any time without giving, any prior notice. The Bank also reserves the right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time.
    - C) The Bank reserves the right to amend, add or delete any of terms & conditions or rules without prior notice to ATM account Holder.
    - D) It is sole responsibility of the cardholder, for the transaction done by ATM card as with card holder's knowledge or authority, express or implied.
- I undertake & confirm authorization and powers conferred unto the Bank and terms & conditions herein as read, accepted & agreed to, are irrevocable. These terms and conditions shall be construed and governed by the law for the time being in force.