



THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD.

(MULTI STATE SCHEDULED BANK)

HEAD OFFICE : "AMCO HOUSE", Nr. Stadium Circle, Navrangpura, Ahmedabad - 380 009.

Phone : (079) 26426582, 26426584, 26426588

Web : www.amcobank.com

ACCOUNT OPENING FORM

For Office use only : Account No. :	Scheme Code :
A/c to be opened at Branch :	Branch Code: Date : DDMMYYYY

I/We request you to open my/our deposit account with your branch/bank as under: (Tick (✓) relevant type of account)

SB A/c. TD A/c. RD A/c. Other A/C Specify : _____

Scheme Name : _____

1. Full Name: (Compulsory as per submitted Document)

1.	
2.	
3.	
4.	

Date of Birth : PAN (or FORM 60/61) : Aadhar Card No Relationship with 1st Applicant

1.	DDMMYYYY				S E L F
2.	DDMMYYYY				
3.	DDMMYYYY				
4.	DDMMYYYY				

2. CORRESPONDENCE / MAILING ADDRESS : (Compulsory as per submitted Document)

Flat / Room / Door / Block No. _____

Name of Premises / Building / Village _____

Road / Street / Lane / Post Office _____

Area / Locality / Taluka / Sub-Division _____

Town / City / District _____

State / Union Territory _____ Pincode / Zip code _____ Country Name _____

Permanent Address Same as above

Flat / Room / Door / Block No. _____

Name of Premises / Building / Village _____

Road / Street / Lane / Post Office _____

Area / Locality / Taluka / Sub-Division _____

Town / City / District _____

State / Union Territory _____ Pincode / Zip code _____ Country Name _____

3. 1st Account holder Type : Individual Minor Sr. Citizen Super Sr. Citizen NRI Other _____
 Staff (Emp. No. _____) Ex-staff (Emp. No. _____)

4. Declaration for Minor : Guardian cust.ID : _____ CKYC No. _____
 Type of Guardian : Father Mother Court Appointed (Enclose copy of court order)
 Full Name of Guardian Mr. Ms. _____

I hereby declare that the date of birth of the minor, who is my _____ is _____ / _____ / _____ and 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 attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date : _____

5. Channel / Other Facilities : SMS BANKING Mobile No. _____ (Signature of Guardian)
 Office No. _____ Resi. No. _____ E-mail : _____

Signature of A/c Holder 1 _____ Signature of A/c Holder 2 _____

Signature of A/c Holder 3 _____ Signature of A/c Holder 4 _____

6. Recurring Deposit: Installment Amount ₹ _____ No. of Installment _____ Standing Instruction A/c. No. : _____

7. TERM DEPOSIT

Fixed Deposit Scheme : Monthly Quarterly Cumulative Plan Others (Specify)
 Credit Int. in A/c. Int. Rate % Amount Rs.
 Period :Year/.....Months/.....Days

8. NOMINATION DETAIL

FORM DA1

Nomination under section 45ZA TO 45ZF of the Banking Regulation Act, 1949 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits

I/We _____ (Name and Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Ahmedabad Mercantile Co-Operative Bank Ltd. _____ branch.

Nominee				
Name	Address	Relationship with A/c. Holder(s) if any	Age	If Nominee is a minor, her/his Date of Birth
				<input type="text" value="DDMMYYYY"/>

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _____ (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.

I/We do not wish to make a nomination.

Place: _____

Date: _____

Nomination (continue)

Witness 1 :

Address :

Address :

Sign.

Witness 2 :

Address :

Address :

Sign.

X) _____

X) _____

X) _____

X) _____

Signature(s) / Thumb Impression(s) of Account Holder(S)

Terms & Conditions:

I / we have read, understood and undertake to abide by banks rules for conduct of the accounts / services / products & charges.

(I) I/we hereby agree with the terms and condition of the service and it is acceptable to me / us.

- (1) Interest will be credited as per RBI directives from time to time.
- (2) Bank will take request for "stop payment" instruction, but the bank will not be responsible and liable if such cheque is paid inadvertently.
- (3) Bank, is empowered to refuse payment if signature does not match with the specimen signature.
- (4) I/we undertake to keep the bank informed about change in my / our residence / occupation address, mobile number etc.
- (5) Please issue cheque book and recover applicable charges from my / our account as per banks norms.
- (6) I/we also agree to maintain the minimum / quarterly average balance which bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank.
- (7) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes. I/we understand that the time deposit shall be under auto – renewal scheme of the bank unless otherwise specified by me / us.
- (8) I/we authorize bank to make reference and inquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
- (9) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
- (10) I / we agree to maintain prescribed minimum balance in my / our account linked to my / failing which bank is entitled to recover prescribed charges from my / our account.
- (11) If the account becomes dormant due to non-operation for Two Continuous years, bank is entitled to recover prescribed charges from the account.
- (12) Bank is entitled to close my / our account after Due Notice, if bank is not satisfied by the conduct of operations in the account.

I / we understand that change in any of the above terms & conditions will be notified by the Bank on its website www.amcobank.com and also will be displayed on the notice board of the branches

Signature :

(Sole applicant)

(Second applicant)

(Third applicant)

(Fourth applicant)



9. Mode of Operation

MODE OF OPERATION :

- | | | |
|---|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Former or Survivor | <input type="checkbox"/> Other (Pl. Specify) _____ |
| <input type="checkbox"/> Either or Survivor | <input type="checkbox"/> Any one or Survivor/s | |
| <input type="checkbox"/> Jointly | <input type="checkbox"/> Guardian | |

10. For Office Use Only

Account No. <input type="text"/>	Date of Account Opening <input type="text" value="DDMMYY"/>
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11. Photo & Signatures :

First Holder	First Name <input type="text"/>	Middle Name <input type="text"/>	Surname <input type="text"/>
Photo	<input type="text"/>		
	Customer ID <input type="text"/>	PAN No. <input type="text"/>	
	Sign.		Mobile No. <input type="text"/>
			<input type="text"/>

Second Holder	First Name <input type="text"/>	Middle Name <input type="text"/>	Surname <input type="text"/>
Photo	<input type="text"/>		
	Customer ID <input type="text"/>	PAN No. <input type="text"/>	
	Sign.		Mobile No. <input type="text"/>
			<input type="text"/>

Third Holder	First Name <input type="text"/>	Middle Name <input type="text"/>	Surname <input type="text"/>
Photo	<input type="text"/>		
	Customer ID <input type="text"/>	PAN No. <input type="text"/>	
	Sign.		Mobile No. <input type="text"/>
			<input type="text"/>

Fourth Holder	First Name <input type="text"/>	Middle Name <input type="text"/>	Surname <input type="text"/>
Photo	<input type="text"/>		
	Customer ID <input type="text"/>	PAN No. <input type="text"/>	
	Sign.		Mobile No. <input type="text"/>
			<input type="text"/>

12. Bank Signatories A/C Opened by _____ Verified By _____ Manager _____