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SAVINGS BANK ACCOUNT APPLICATION CUM OPENING FORM FOR THE MEMBER OF PACS AND INDIVIDUAL

I am / we are agree to comply with the Rules for Savings Bank Account already stipulated or the be stipulated by the Bank from time to time. Please open a Savings Account in the following name along - with other details.

Signature of Applicant

B

CIF No.

Introduction :

I / We certify that Mr./Mrs/Ms./M/S. _____ is / are known to me/ us personally since last _____ months / year and confirm that the occupation and address stated in this application form for opening account are correct to the best of my/ our knowledge & belief. Introducer's Name _____ introducer's A/C No. _____ with Bank & Branch _____ A/C type _____ signature with date _____

KYC CLARIFICATION :

I have met the account opener/s in person and hereby confirm that KYC Norms are fully Complied with and further confirm that :-
i) the introducer has visited the branch/has not visited the branch but written confirmation obtained. ii) the signature of the introducer is verified and his / her / their Account is more than six months old and KYC compliant.

(Date : _____)

Signature of Authorised official

Branch
(with seal)

Form D A-I Nomination Form

(for Individual / Sole proprietor concern only)

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

I/we _____ name (s) and address (es) nominate the following person to whom in the event of my /our/ minor's death. the amount of the deposit, particulars where of are given below may be returned to VCC Bank Ltd. Midnapore _____ Branch.

Deposit			Nominee			
Nature of A/C	Distinguishing No.	Additional Details, if any	Name & Address	Relationship with depositor, if any	Age	If nominee is a minor his / her date of birth

2. As the nominee is a minor on this date, I/We appoint Shri / Smt. / Kumari _____ (Name, Address and age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/ minors death during the minority of the nominee.

Name(s), signature(s) and address of witness(es)	Signature/Thumb Impression(s) Depositor(s)

1. Strike out if the nominee is not a minor.
2. Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
3. Thumb impression(s) shall be witnessed by two witnesses

Form 60/61 (to be filled in by those who do not have PAN)**Form 60**

Are you addressed to TAX? ☐ Yes ☐ No If yes, :

a) Details of Ward/Circle/Range where the last return of income was filed : _____

b) Reasons for not having PAN/GIR No. : _____

Form 61

To be filled by a person who has only agricultural income and is not receipt of any other income chargeable to income tax.

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification : I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place :

Date :

(Signature of Declarant)

For Office Use

I have verified the documents submitted and confirm that KYC Norms and other norms of the bank are fully complied with while opening the account..

(Signature of Branch Head)
Stamp

Place :

Date :