



Progressive Co-operative Bank Limited

AOF - 1

Estd. 1984 Branch _____

1st Applicant Cust. ID																				
Group Cust. ID																				

ACCOUNT OPENING FORM FOR INDIVIDUALS

Type of Account : _____
 Account No. _____

To,
The Branch Manager,
Progressive Co-operative Bank Limited.,

_____ Branch. Branch Code No. _____ Date _____

Please fill in CAPITAL letters and use BLACK BALL POINT PEN for signature. Please tick (✓) for the appropriate boxes
Please open a Bank Account as per details given below, for which I/We deposit _____ /- (Rupees _____)

Payment By Cash Cheque No. _____ Date: ____ / ____ / 20____
 Drawee Bank _____ Branch _____ (Cheque from account with other bank)

Type Of Account

SB CD (Current Account for Individual) / Joint Individuals Others (Specify) _____

Mode Of Operation

Self Either or Survivor Former or Survivor Any One or Survivor All Jointly Joint Individuals
 Others (Specify) _____

In Case Of Minor Account (Full Details Of Minor)

Minor's Date of Birth : _____ (*Proof to be attached) Attaining Majority on DOB : _____

The Minor's Account will be operated by Mr. / Mrs. _____

Cust. ID No. _____ having relation with Minor as Father Mother Legal guardian

Personal Details of Account Holder's

Cust. ID No. _____ Cust. ID No. _____ Cust. ID No. _____

1st Applicant (Mr./Mrs./Ms.)	2nd Applicant (Mr./Mrs./Ms.)	3rd Applicant (Mr./Mrs./Ms.)

Please Offer Following Facilities

Cheque Book SMS e-Statement Others (Specify) _____ separate application form to be obtained for SMS Banking)

Declaration In Case Of A Minor Account

I hereby declare that the date of birth ____ / ____ / ____ of the minor who is my _____ and I am his/her natural guardian/ lawful guardian appointed by the court order dated ____ / ____ / ____ (copy enclosed). I shall represent the said minor in all future transaction of any description in the above account until the said minor attains majority. I should indemnify the Bank against the claim of the above minor for any withdrawal/ transaction made by me in his / her account.

Signature of Guardian

Declaration :

- I/We am/are not related to any of the Directors of your Bank.
 I/We am / are related to Mr. / Mrs. / Ms. _____ (Director of your Bank) as _____ (Relationship).
- I/We hereby declare that all the transaction routed through this account and funds involved will be owned by me/us. If funds owned by other party, which are routed through my/our account I/We undertake to inform the Bank immediately
- I/We hereby declare that, I/We the undersigned or their relatives have not been entrusted with prominent public functionary in a foreign country e.g. Heads of states of Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State Owned Corporations, Important Political Party Officials, etc. I/We hereby further declare that in case in the future, I or any of the undersigned or their relative have been entrusted with prominent public functionary in a foreign country as stated above, I/We will immediately notify the Bank about the same.

4) The Bank's rules & regulations relating to the account have been read & understood by me/us and I/We agree to abide by the said rules & regulations and any amendments made thereto from time to time as displayed on Bank Website/Notice Board and those relating to various services including but not limited to SMS Banking etc. I/We understand that the Bank may at its discretion discontinue any of the services completely or partially. I/We agree that the Bank may Debit to my/our account with service charges as applicable from time to time. I/We Confirm that I/We am/are resident(s) of India.

5) Joint Accounts: We hereby authorize the Bank to make payment of deposit/s to the survivor without concurrence of the legal heir/s of the deceased account holder/s.

6) I/We am/are not enjoying any credit facilities with any other Bank/Branch of your Bank and undertake to inform you promptly as and when credit facility/ies is/are availed by me/us from other Banks/Branches of your Bank. **OR**

I/We am/are enjoying credit facilities as under :

Name of the Bank & Branch	Facility & A/c No.	Facility Amount
i) _____	_____	_____
ii) _____	_____	_____

7) I/We hereby declare that the information furnished above is true & correct to the best of my knowledge.

I/We have been explained about the benefits of the Nomination facility. Nomination registered: Yes No

If yes, the name of Nominee to be printed on Pass Book/Statement of Account. Yes No

Nomination (DA1Form)

* Nomination under section 45ZA 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 1) _____, 2) _____

3) _____, nominate the following person to whom the balance in the account may be paid by _____ Branch of Progressive Co-operative Bank Ltd. , in the event of my / our / minor/s death.

Name and Address of Nominee	Age	Relationship	D.O.B if Nominee is a Minor

In Case the Nominee is a Minor :

As the nominee is a minor on this date, whose date of birth is ____ / ____ / ____ I/We appoint Mr./Mrs. _____

_____ Aged _____ years, residing at _____

_____ 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.

Witness Details (Two Witnesses in case of thumb impression)

# Witness No. 1	# Witness No. 2
Name : _____	Name : _____
Address : _____	Address : _____
City : _____ Pin : _____	City : _____ Pin : _____
Signature : _____	Signature : _____
Date : _____	Date : _____

If the account is in the name of minor alone, the Nomination should be signed by a person lawfully entitled to act on behalf of the Minor.

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

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

FOR OFFICE USE

_____	_____	_____
Account Opened by	Officer	Manager
Employee Code No. _____	Employee Code No. _____	Employee Code No. _____
Date _____		

Date :	KYC Complied		Photo Scanned		Sign Scanned		AOF-1 Scanned		Document send to AOC	
	M	C	M	C	M	C	M	C	M	C

AOC	AOF-1 Accepted & Verified as per KYC & Updated in the systems		AOF-1 Not Accepted Reasons	
Date:	M	C	M	C