



अलखैर नागरी सहकारी पतसंस्था म.

मंडी बाजार, अंबाजोगाई, जि. बीड - 431517 (महा.)

ALKHAIR NAGARI SAHAKARI PATSANSTHA LTD.

AMBAJOGAI, Dist. Beed - 431517 (MS)

ACCOUNT OPENING FORM

President,
Alkhair Nagari Sahakari Patsanstha Ltd.
Ambajogai

Date :

I/We request you to open an account with you for which I/we initially deposit Rs. _____ in

In words (_____)

Title of A/c Mr. / Mrs. / Ms. _____

Choice of Account :

- ☐ Saving Deposit A/c
 ☐ Daily Deposit Saving A/c
 ☐ Current Deposit A/c
☐ Fixed Deposit A/c
 ☐ Haj Recurring Deposit A/c
 ☐ SHG Deposit A/c

Mandate for Account Operation :

- ☐ Single
 ☐ Any One
 ☐ Any Two Jointly
 ☐ Jointly by All

Frequency of Deposit :

- ☐ Daily
 ☐ Weekly
 ☐ Monthly
 ☐ Quarterly
 ☐ Half Yearly
 ☐ Yearly

Personal Information

	1st Applicant	2nd Applicant	3rd Applicant
Full Name :			
Father / Mother / Husband's Name			
Sex (M / F / Other)			
PAN			
Aadhar No.			
Date of Birth			
Relationship with first Applicant			

Full Name of the Nominee :

Mr. / Mrs. / Ms. _____ Age _____ Sex : M ☐ F ☐ Relationship _____

Full Mailing Address :

Current Address	At. Post :		
	Tal. :	Dist. :	Pin Code :
	State : Maharashtra	Tel. (O)	Tel. (R)
	Mob. No.	E-mail :	
Permanent Address	At. Post :		
	Tal. :	Dist. :	Pin Code :
	State : Maharashtra	Tel. (O)	Tel. (R)
	Mob. No.	E-mail :	
Branch Address :			

Occupation : (Please Tick)

☐ Service ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ Labour ☐ Other_____

ANNUAL HOUSEHOLD INCOME (in Rs.) : (Please Tick)

☐ up to 60000 ☐ 60001 to 120000 ☐ 120001 to 240000 ☐ 240001 to 360000 ☐ 360001 & above

Proof of Address submitted (individuals) : (Please Tick)

☐ Passport Copy ☐ Voter's ID Card ☐ Employer's ID Card ☐ Driving License ☐ Aadhar Card
☐ PAN Card ☐ Latest T.Phone Bill ☐ Latest Electricity Bill ☐ Ration Card

Introduction by existing Member, A/c. Holder of Alkhair Nagari Sahakari Patsanstha Ltd.

I _____ (Name) A/c No. _____

Confirm that I am an account holder with Alkhair Nagari Sahkari Patsanstha Ltd. and that I Know

Mr. / Mrs. / Ms. _____ Since Last _____ Months / Years. I also confirm

his / her / their identity, occupation and address as stated in this application to open the account

Signature of Introducer.

Declaration / Undertaking

- 1) I/we declare that I / We have read and agreed upon the rules and regulations of Alkhair Nagari Sahkari Patsanstha Ltd. in force and also framed from time to time by the society.
- 2) I / we authorise the society to invest the amount in my / our investment Deposit Account in any profitable businesses on profit loss sharing system. I / we hereby indemnify the society and its office bearers form any Loss that might occur in business on normal market risk.
- 3) I / we agree to refer our problem, in case of any disute, to grievance Redressal cell of Society whose decision will be binding on me/us. One of my / our representative will join Grievance Redressal Cell for discussion and decision.

Place :

Signature of the Applicant

Date : / /20

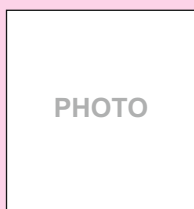
Declaration in Case of Minor Account Opened by a Member, A/c. Holder.

I hereby declare that the dated of birth is / / 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 transactions of any description in the above account until the said minor attains majority I indemnity the society of the claim of the above minor for any withdrawal / transactions made by me in his/her account.

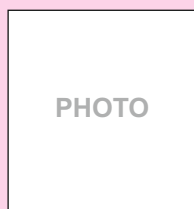
Place :

Date : / /20

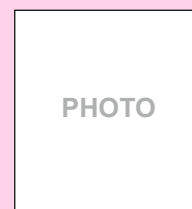
**Signature of
Guardian**

Signature in presence of the Society's : (One Sign Across the Photograph)

1st Applicant



2nd Applicant



3rd Applicant

For Office Use Only

Membership No. _____

A/c No. _____

Letter of thanks to
introducer / customer on

Account Opened & Verified by
Name :

Authorised by
Name :

Signature

Signature