



# Declaration for Opening A Savings Account with **KONNAGAR SAMABAYA BANK LTD.**

66, G. T. Road (West) Konnagar, Hooghly, Pin-712235

(Registered under Co-operative Societies Act. II of 1912)

Account No.
Self / E or S / Jointly

## ACCOUNT OPENING FORM-CUM-SPECIMEN SIGNATURE SHEET

(To be filled in BLOCK LETTERS)

Name in Full (I) ..... C. ID .....

Date of Birth / Age ..... PAN ..... SEX .....

S/o, W/o, D/o .....

Phone / Mobile .....

Nationality ..... Occupation .....

Address .....

..... Landmark .....

Name in Full (I) ..... C. ID .....

Date of Birth / Age ..... PAN ..... SEX .....

S/o, W/o, D/o .....

Phone / Mobile .....

Nationality ..... Occupation .....

Address .....

..... Landmark .....

Name in Full (I) ..... C. ID .....

Date of Birth / Age ..... PAN ..... SEX .....

S/o, W/o, D/o .....

Phone / Mobile .....

Nationality ..... Occupation .....

Address .....

..... Landmark .....

NOMINEE	
Name	
Address	
Relationship with depositor (First A/c. Holder)	
Age / Date of Birth	
If nominee is Minor, name of the Executor (in Block Letters)	

\* As the nominee is a minor on this date, I/We appoint

Name \_\_\_\_\_ DOB / Age \_\_\_\_\_

Address \_\_\_\_\_

To receive the amount of the deposit on behalf of the nominee as executor in the event of my/our death.

Signature(s) / Thumb Impression(s) of depositor(s)

\_\_\_\_\_

**WITNESS**

1. Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

1. Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

I/We hereby declare that, Konnagar Samabaya Bank Limited's Savings Bank Rules, have been read by me / us or have been explained to me / us and I / We accept them as binding upon me / us. In the event of death of any of us the sum standing at the credit of the account shall be payable to the survivor or survivors.

Avail online SMS Banking:  Yes  No Mobile No. \_\_\_\_\_

Yours faithfully,

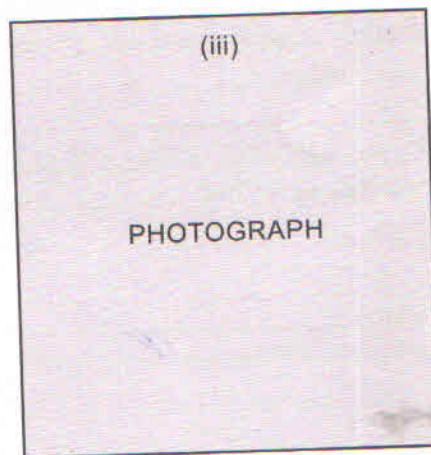
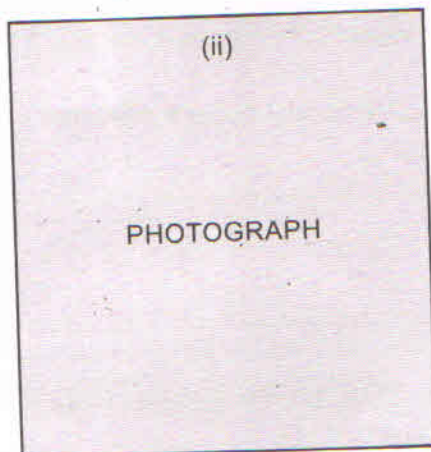
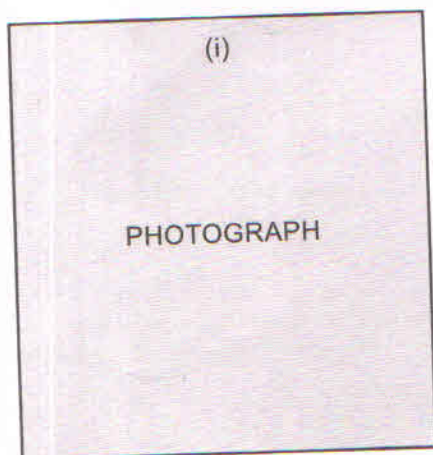
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

SPECIAL INSTRUCTION (if any)

Mode of Operation : **Self / Either of Survivor / Jointly / Any One / Any two**

**N.B. : L.T.I. of applicant(s) is / are to be attested by the Introducer**

Specimen Signature(s) Thumb Impression(s) of Depositor(s)	Attested
(i)	
(ii)	
(iii)	



<b>ID PROOF (POI) SUBMITTED</b> (Self attested Photocopy) (Mention the type of ID Proof)	<input type="checkbox"/> AADHAR <input type="checkbox"/> PASSPORT <input type="checkbox"/> PAN CARD <input type="checkbox"/> DRIVING LICENCE (Tick whichever is applicable)
<b>ADDRESS PROOF (POI) SUBMITTED</b> (Self attested Photocopy) (Mention the type of ID Proof)	<input type="checkbox"/> RATION CARD <input type="checkbox"/> VOTER CARD <input type="checkbox"/> ELECTRICITY BILL <input type="checkbox"/> TELEPHONE BILL (Tick whichever is applicable) <input type="checkbox"/> AADHAR CARD



The Depositor/s Sri / Sm (i).....  
(ii) .....  
(iii) .....

is / are personally known to me and his/her/their Signature/s L.T.I.s has / have been taken in presence.

Introducer's Name : .....

Introducer's Signature : .....

SB A/c. No. (Main / Branch)

Address.....

### Form 60

Form of declaration to be filled by a person who does not have either a Permanent Account Number of General Index Registration Number and who makes payment in cash in respect of transaction specified in Clause (a) to (h) of rule 114B

Full name and address of declarant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Particulars of transaction - Opening of \_\_\_\_\_ account(s)

Amount of transaction \_\_\_\_\_

Are you assessed of tax? Yes No

If yes,

i) Details of Ward / Circle / Range where the last return of norms was filed

ii) Reason for not having Permanent Account Number / General Index Register Number

Details of documents being produced in support of address in column (1)

Verification.

\_\_\_\_\_ do hereby declare that what stated above is true  
to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Place \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### FOR OFFICE USE ONLY

ALLOWED

A/C MAY BE OPENED

Secretary / Chairman

C.O. / C.E.O. / Section Supervisor

S.B. A/C Opened by Office Personnel