



# THE JAIPUR CENTRAL CO-OPERATIVE BANK LTD., JAIPUR

H.O. : F-1, Nursery Circle, Vaishali Nagar, Jaipur

BRANCH.....

CIF No.

ACCOUNT NO.

ACCOUNT TYPE : S.B./C.D./R.D./F.D.R.

CUST. TYPE : PUBLIC/STAFF/SENIOR CITIZEN/MINOR/NOMINAL MEMBER/CO-OP. SOC./MINI BANK/TRUST A/C

### Sole /First Holder

NAME (नाम).....

FATHER'S/HUSBAND'S NAME (पिता/पति का नाम) .....

MOTHER'S NAME MRS. (माता का नाम).....

Correspondence Address (वर्तमान पता).....

City..... Pin Code..... State..... Country.....

Telephone No..... Mobile No..... Email Id.....

Individual/Others..... Spl. Instruction.....

PAN..... Date of Birth..... Sex : Male/Female Nationality.....

Risk Categorization Low/Medium/High Risk.

### JOINT ACCOUNT HOLDER

NAME (नाम).....

FATHER'S/HUSBAND'S NAME (पिता/पति का नाम) .....

MOTHER'S NAME MRS. (माता का नाम).....

Correspondence Address (वर्तमान पता).....

City..... Pin Code..... State..... Country.....

Telephone No..... Mobile No..... Email Id.....

Individual/Others..... Spl. Instruction.....

PAN..... Date of Birth..... Sex : Male/Female Nationality.....

Risk Categorization Low/Medium/High Risk.

### Specimen Signature

Name of A/C Holder (खाता धारक का नाम)	Signature (प्रार्थी के हस्ताक्षर)
1.....	
2.....	
3.....	

Branch Manager





**THE JAIPUR CENTRAL CO-OPERATIVE BANK LTD., JAIPUR**  
H.O. : F-1, Nursery Circle, Vaishali Nagar, Jaipur

**ACCOUNT OPENING FORM**

**BRANCH MANAGER**

**THE JAIPUR CENTRAL CO-OPERATIVE BANK LTD.**

**BRANCH**.....

**Date:**

Dear Sir,

I/We ..... want to open SB/RD/CD/FDR A/C at your Bank. I/We have read the terms & conditions and agree to abide by and be bound by the same and by the bye laws as are in force, from time to time. I/we declare that the particular given by me/us above a true and to the best of my/our knowledge as on the date of making this application. I/we further agree that any false/misleading information given by me/us or suppression of any material information in render my account liable for termination and suitable action. Please open the account and the account will be operated as

(a) To me  (b) To either or survivor  (c) Joint to us

**NOMINATION**

I/we the sole holder/joint holder/guardian (in case of minor) hereby nominate the following person who is entitled to receive balances lying in my/our account, particulars where of are given below in event of the death of the sole holder or the death of all the joint Holders.

NAME (नाम).....

FATHER'S/HUSBAND'S NAME (पिता/पति का नाम) .....

Correspondence Address (वर्तमान पता).....

City.....Pin Code.....State.....Country.....

Telephone No.....Mobile No.....Email Id.....

Relationship with the depositor (s) .....Date of Birth.....

**As the nominee is a monor as on date, I/we apoint following person to act as guardian**

NAME (नाम).....

FATHER'S/HUSBAND'S NAME (पिता/पति का नाम) .....

Correspondence Address (वर्तमान पता).....

City.....Pin Code.....State.....Country.....

Telephone No.....Mobile No.....Email Id.....

to receive the amount in this account on behalf of the nominee in the event of the death of the sole holder/all joint Holders.

This nomination is in accordance with **the 45ZA of the banking Regulation Act, 1949** and shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Place.....Date.....

	Sole/First Holder	Second Holder	Third Holder
<b>NAME</b>			
Specimen Sign. (प्रार्थी के हस्ताक्षर)			

**Nomination Accepted**

**BRANCH MANAGER**





# THE JAIPUR CENTRAL CO-OPERATIVE BANK LTD., JAIPUR

H.O. : F-1, Nursery Circle, Vaishali Nagar, Jaipur

Permanent Address (स्थायी पता).....

Residence : Owned/leased/any other Residing Since.....

Religion : Hindu/Muslim/Christian/Sikh/Others Caste : Gen./OBC/SC/ST/ Minority

Marital Status : Single/Married/Widowed/Divorced No. of Children.....

Annual Income : ..... Qualification : .....

Profession : Salaried/Business/Retired/Student/Others Organizations Name : .....

Office Address..... Service No. of Years.....

Date of Retirement..... Designation..... Phone.....

Dealing with other bank.....

Existing credit Facilities.....

Services Required : (a) Rupay Card  (b) Debit Card  (c) Credit Card

(d) SMS Alerts  (e) Internet Banking  (f) Cheque Book  (g) E-mail Statement

(Sing. of Applicant)

## Detail of Introduction by an existing account holder

Introducer's Name : .....

ACCOUNT NO.

Signature of the introducer

Verified by  
Branch Manager

It is certified that the information given above are true and correct to the being my knowledge.

(Signature of Applicant)

Name.....

सेवा में,

श्रीमान् भामाशाह प्रबन्धक महोदय

जयपुर जिला (राज.)

विषय :- भामाशाह योजनान्तर्गत सीधे लाभार्थी को भुगतान बाबत।

महोदय,

मैं/हम राज्य सरकार की भामाशाह/नरेगा/पेंशन/छात्रवृत्ति/डीबीटीएल एवं अन्य योजनान्तर्गत दि जयपुर सैन्ट्रल को-ऑप. बैंक लि. की शाखा के माध्यम से भुगतान की सुविधा प्राप्त करना चाहता हूँ/चाहते हैं। अतएवं मेरी सीडिंग उक्त बैंक में मेरे बचत खाते से कर भुगतान करने की सहमति देना हूँ/देते हैं।

भवदीय

(नाम - श्री/श्रीमति.....)

पुत्र/पत्नी.....

A/c No.....

बैंक -दि जयपुर सैन्ट्रल को-ऑप. बैंक लि.

### FORM NO. 60

Form of Declaration to be filed by a person who does not have either a permanent Account Nuber or General Inbox Register Number and who makes payment in cash in respect of Transaction Specified in clause (a) to (h) of rule 114 B

1. Full Name Address of the declarant.....
2. Particulars of transaction- Opening of..... Accounts(s) .....
3. Amount transaction.....
4. Are you assessed to tax? (Yes/No)
5. If Yes
  - (i) Details of Word/Circle/Range where the return of income was filed.....
  - (ii) Reason for not having permanent Account Number/General Inbox Register Number.....
6. Detail of the document being produced in support of column (1).....

Signature of the declarant

### FORM NO. 61

Form of Declaration to be filed by a person who has Agriculture Income & is not in receipt of any other income chargeable to income tax in respect of Transaction Specified in clause (a) to (h) of rule 114 B

1. Full Name Address of the declarant.....
2. Particulars of transaction- Opening of.....Accounts(s)
3. Amount transaction.....
4. Detail of the document being produced in support of column (1).....

Signature of the declarant

### Verification

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

Verify today, the.....day of.....20.....

Date.....

Place.....

Signature of the Declarant

Instruction : Document which can be produced in support of address are :

Proof on Identity		√	Proof of Address		√
a	Passport		a	Ration card	
b	Voter Id Card		b	Electricity/Telephone Bill	
c	PAN Card		c	Credit Card/Bank A/c Statement	
d	Government/Defense ID Card		c	Income Tax/Wealth Tax Assessment order	
e	Id Card of Employer/University/ Other Institute		d	Any document issued by any authority of Central Government, State Government or Local bodies showing residential address.	
f	Aadhar Card		f	Passport	
				Voter Id/Addhar Card	
No.			No.		