


THE ORISSA STATE CO-OPERATIVE BANK LTD.
 (SCHEDULED BANK)

For Bank use only

Branch :

Branch
CodeCustomer
ID

Account Number

Account Type

Dear Sir/Madam,

Please furnish the following in originals for opening your Account and take return. A copy of each paper needs to be submitted for Branch Records.

	TYPE OF CUSTOMER	DOCUMENTS																		
1.	Residents in India [Accounts of Individual (s)]	Any one document from each of the under noted two categories-																		
		<table><tr><th>Proof of identity</th><th>Proof of Address</th></tr><tr><td>Passport</td><td>Telephone Bill</td></tr><tr><td>Voter Identity Card</td><td>Bank Account Statement</td></tr><tr><td>PAN Card</td><td>Electricity Bill</td></tr><tr><td>Aadhaar Letter issued by UIDAI</td><td>Ration Card</td></tr><tr><td>Driving Licence</td><td>Letter from any Recognized Public Authority</td></tr><tr><td>Letter from a recognized Public Authority or Public Servant verifying the Identity and Residence of customer to the satisfaction of Branch.</td><td>Letter from Employer (Subject to the satisfaction of Branch) (*)</td></tr><tr><td>ID Card of reputed employer (*)</td><td></td></tr><tr><td colspan="2">(*) In case of a salaried employee besides a certificate from employer branch should insist on at least one of the officially valid documents (Pass Port, Driving License, PAN Card, Voter Identity Card etc.)</td></tr></table>	Proof of identity	Proof of Address	Passport	Telephone Bill	Voter Identity Card	Bank Account Statement	PAN Card	Electricity Bill	Aadhaar Letter issued by UIDAI	Ration Card	Driving Licence	Letter from any Recognized Public Authority	Letter from a recognized Public Authority or Public Servant verifying the Identity and Residence of customer to the satisfaction of Branch.	Letter from Employer (Subject to the satisfaction of Branch) (*)	ID Card of reputed employer (*)		(*) In case of a salaried employee besides a certificate from employer branch should insist on at least one of the officially valid documents (Pass Port, Driving License, PAN Card, Voter Identity Card etc.)	
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2.	Accounts of Companies :	All Documents																		
	<ul style="list-style-type: none">★ Name of the Company★ Principal place of business★ Mailing address of the Company★ Telephone/FAX number	<ul style="list-style-type: none">(i) Certificate of incorporation and Memorandum & Articles of Association.](ii) Certificate of commencement of business (in case of Public Ltd. Company)(iii) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account.(iv) Power of Attorney granted to its mangers, officers or employees to transact business on its behalf.(v) Copy of PAN allotment letter.(vi) Copy of the Telephone Bill in the name of Company.																		
3.	Accounts of Partnership Firms :	All Documents																		
	<ul style="list-style-type: none">★ Legal name★ Address★ Name of all Partners and their address.★ Telephone Numbers of the Firms and Partners.	<ul style="list-style-type: none">(i) Registration Certificate(ii) Partnership Deed(iii) Power of Attorney granted to a Partner or employee of the firm to transact business on its behalf(iv) Any officially valid document identifying the partners and the persons holding the power of Attorney and their address.(v) Telephone Bill in the name of Firm/ Partners.																		
4.	Account of Trusts & Foundations	All Documents																		
	<ul style="list-style-type: none">- Name of the Trustees, Settlers, Beneficiaries and Signatories. (includes Club/ Association/ Society, School and College.	<ul style="list-style-type: none">(i) Bye-laws(ii) Certificate of Registration(iii) Resolution of the Managing Body, Authority for opening of account including mandate for operation of the Account.(iv) Power of Attorney granted to transact business on its behalf.(v) Any officially valid documents to identify the trustees, settlers, beneficiaries and those holding power of Attorney, founders/ managers/ directors and their address.																		

Thanking You,

Yours faithfully,

Branch Manager

ACCOUNT OPENING FORM



THE ORISSA STATE CO-OPERATIVE BANK LTD.
(SCHEDULED BANK)

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Branch
CodeCustomer
ID

Branch :

Date

Account Number

Account Type

I/ We request you to open my/our deposit account with your Branch as under (Tick relevant type of account)

Savings Bank A/c. ☐ Current A/c. ☐ Recurring ☐ Flexi Deposit ☐ Reinvestment ☐ Term ☐ OSCB Term ☐ Other Deposit A/c. ☐

In case of Savings Bank Account (Please tick from the following) :

With cheque facility ☐ Without cheque facility ☐ No-Frills (Small Deposit) ☐ Zero Balance ☐ Others ☐

In case of Fixed Deposits :

Period	Amount	Int. Rate	Maturity amount	Auto renewal on Maturity (Prin. + Int.) PL tick ()	Auto renewal on Maturity (Principal only)	Interest to be credited to Savings A/c. - PL tick ()

In case of Recurring Deposits :

Months	Instalment Amount	Maturity Date	Maturity Value	On Maturity Amt. to be credited to Account

Operating Instruction : Through Cash ☐ Transfer from S.B. A/c. ☐ CC A/c. ☐ OD A/c. ☐

Mode of Operation : (Please mark tick from the appropriate Box) :

Single ☐ Either or survivor ☐ Former or survivor ☐ Jointly ☐ Any one or survivor(s) ☐ Others (specify) ☐ On behalf of Minor ☐Service Required : ATM-cum Debit Card ☐ Internet Banking ☐ SMS / Mobile Banking ☐ Tele Banking ☐

Full Name (In Block Letters)

	1st Applicant / Proprietor / Partner / Director	2nd Applicant Partner / Director	3rd Applicant Partner / Director
First Name			
Middle Name			
Surname			

Name of Father/Husband
(leave 1 box between 1st,
2nd & Surname)

Date of Birth

Relationship to
1st ApplicantPAN No. (if obtained)
else 60/61 Form

Sex (tick)

Male

Female

Male

Female

Male

Female

Affix recent passport
size colour
photograph with
signature across the
Photo (enclose one
more photo for
passbook)Specimen
SignatureLeft Thumb
impression

1st Applicant / Proprietor / Partner / Director				2nd Applicant Partner / Director				3rd Applicant Partner / Director			
Permanent Address				Permanent Address				Permanent Address			
Flat / Building											
Street / Road & Area / Locality											
District											
Pin Code											
Correspondence Address				Correspondence Address				Correspondence Address			
Flat / Building											
Street / Road & Area / Locality											
District											
Pin Code											
Telephone Office											
Telephone (Res.)											
Mobile No.											
e-mail Address											
Documents produced in support of proof of identity and Proof of address											
Proof of Identity (Mention paper enclosed)											
Proof of Address (Mention paper enclosed)											
Personal details (Please tick) :											
Educational Qualification	Non Matric			Non Matric			Non Matric				
	SSC/HSC			SSC/HSC			SSC/HSC				
	Graduate			Graduate			Graduate				
	Post Graduate			Post Graduate			Post Graduate				
	Professional			Professional			Professional				
	Others (Specify)			Others (Specify)			Others (Specify)				
Occupation (Please tick)	Agriculture			Agriculture			Agriculture				
	Self employed			Self employed			Self employed				
	Business			Business			Business				
	Salaried			Salaried			Salaried				
	Student			Student			Student				
	Land Lord / Cultivator			Land Lord / Cultivator			Land Lord / Cultivator				
	Politician			Politician			Politician				
	Housewife			Housewife			Housewife				
	Others (Specify)			Others (Specify)			Others (Specify)				
Monthly Income (Please tick)	Upto Rs. 50,000/-			Upto Rs. 50,000/-			Upto Rs. 50,000/-				
	> Rs. 50,000/- -Rs. 1.50 lakh			> Rs. 50,000/- -Rs. 1.50 lakh			> Rs. 50,000/- -Rs. 1.50 lakh				
	> Rs. 1.50 lakh - Rs. 5.00 lakh			> Rs. 1.50 lakh - Rs. 5.00 lakh			> Rs. 1.50 lakh - Rs. 5.00 lakh				
	> Rs. 5.00 lakh			> Rs. 5.00 lakh			> Rs. 5.00 lakh				
Source of Income	Salary / Pension			Salary / Pension			Salary / Pension				
	Business			Business			Business				
	Investment			Investment			Investment				
	Agricultural			Agricultural			Agricultural				
	House Property			House Property			House Property				
	Others (specify)			Others (specify)			Others (specify)				
Status (Please tick)	Senior Citizen			Senior Citizen			Senior Citizen				
	Staff			Staff			Staff				
	Ex. Staff			Ex. Staff			Ex. Staff				
	Pensioner			Pensioner			Pensioner				
	Minor			Minor			Minor				
	Other/General			Other/General			Other/General				
Catagory (Please tick)	General			General			General				
	OBC			OBC			OBC				
	ST			ST			ST				
	SC			SC			SC				
Details on having A/c in any other Bank(s) if so give details.											
Name of the Bank :				Name of the Bank :				Name of the Bank :			
Branch :				Branch :				Branch :			
Type of A/c.(s) Facility (ies) :				Type of A/c.(s) Facility (ies) :				Type of A/c.(s) Facility (ies) :			
Account No.				Account No.				Account No.			

In case of a Minor (Date of his attaining Maturity) 	
Name of Parent / Natural Guardian <hr/> <hr/> <p style="text-align: center;">Address of the Guardian</p> <hr/> <hr/> <hr/>	DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN I hereby declare that the date of birth of minor is ____/____/____ and he/she 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 attaining maturity. I indemnify the Bank against the claim of above minor for any withdrawal / transactions made by me in his/ her account. <div style="text-align: right;">Signature of the Guardian</div>
CUSTOMER INTRODUCTION	
Introduction by Existing OSCB Customer : I / We confirm that I am /are an account holder with OSCB for over 6 month and KYC compliant I / We certify that I / We have known Mr. /Mrs. Ms. / Meassrs _____ since last _____ months / years and confirm his / her / their identity, occupation / business and address state in this application to open an account. Name : _____ Customer ID : Account No. Signature 	Introduction well-known local authorities# or through staff members* I / We certify that I / We have known Mr. Mrs. Ms. / Messrs _____ since last _____ months / years and confirm his / her / their identity, occupation / business and address state in this application to open an account with OSC Bank. Name : _____ Designation _____ Name of the Office _____ Name of the Bank having A/c. : _____ Account No. Signature
<div style="display: flex; justify-content: space-between;"> # Subject to satisfaction of the Bank * Against whom disciplinary proceedings, not pending </div>	
DECLARATION	
I / We am / are residents of India. I / We am / are residents of India. I / We have read Account Rules and hereby agree to be bound by the terms and conditions outlined to these rules which govern the account which I / We am / are opening with OSCB. I / We understand that Bank may at its absolute discretion to discontinue any of the service completely or partially in event of any violation of rules of Bank / BR Act. 1949. I / We authorise OSC bank or its agents to make references and enquires as may be deemed necessary in their discretion with regard to information furnished in this application, which have been true, OSC BANK and its agents are empowered to exchange, share or part with all information, data or documents relating to my/our application inter se among themselves or to other Banks / Credit Bureaus / Agencies / Statutory bodies as may be deemed necessary or appropriate. I / We further hereby declare that the information furnished in this application form are true and correct to the best of my knowledge and belief. Full Signature <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1st Applicant _____ Date _____ </div> <div style="width: 30%;"> 2nd Applicant _____ Date _____ </div> <div style="width: 30%;"> 3rd Applicant _____ Date _____ </div> </div>	
DECLARATION IN CASE OF " NO-FRILLS (SMALL DEPOSIT) ACCOUNT"	
I / We am / are residents of India. As I / We do not possess required document to be fully KYC compliant, I/we certify that the address as mentioned and document furnished to open an account are true and correct. I/we also understand that the balance in the account at any time will be limited to Rs. 50,000/- and total transaction in the year will be restricted to Rs. 1.00 lakh. As and when the balance or total transaction exceed these limits, OSC Bank will treat the account as a normal Savings Bank Account and normal KYC procedure as per Bank's extant guidelines will be followed. In the event of non-submission of required documents to the Bank, OSC Bank has the right to freeze / close the account. I / We further hereby declare that the information furnished in this application form are true and correct to the best of my knowledge and belief. <div style="text-align: right; margin-top: 20px;"> Signature / LTI / RTC of Applicant Date : _____ </div>	



NOMINATION FORM

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and 2 (i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposit.

I / We nominate the following persons to whom in the event of my/ our/ minor's death the amount of deposit held in the account, particulars whereof are given below may be returned by OSC Bank.....Branch

DEPOSIT			NOMINEE				
Name of the deposit	Account number	Additional details(if any)	Name of the nominee	Address of the nominee	Relationship with depositor	Age	If Nominee is minor, his/her DOB.#

As the nominee is a minor on this date, I / We appoint Mr/Mrs/Miss.....
(Name, Address and Age) to receive the amount of deposit in the account on behalf of the nominee in the event of my/ our/ minor's death during the minority of the nominee.

Place.....

Date.....

(Strike out if nominee is not minor)

*Signature(s) / Thumb impression of Depositor (s)	@Signature, Name and Address of Witness(es)
	Witness No. 1 (Name) : Address Signature
	Witness No. 2 (Name) : Address Signature

*Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
 @Thumb impression(s) of depositor(s) should be witnessed by two person(s), Signature(s) of depositor(s) should be witnessed by one person.

ACKNOWLEDGEMENT



THE ORISSA STATE CO-OPERATIVE BANK LTD.

Branch :

Date.....

We acknowledge receipt of nomination made by you in favour of Shri / Smt./ Ms.....
 aged.....years in respect of your.....(Account type) vide Account No.....on Form.

Yours faithfully,

Branch Manager



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

FORM -60

Are you a Tax Assessee (Please tick mark)

☐

Yes

☐

No

If yes,

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

b) Reason of not having PAN No.....

FORM -61

(To be filled by a person who has only agricultural income and no other income chargeable to income Tax).

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

Verification :

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

Verified at.....this the.....day of 20.....

Date.....

Place.....

.....
(Signature of the Declarant)

FOR BANK'S USE ONLY

Sr. No.	Description	Name of the authorised officer and designation	Signature
1.	Application interviewed by		
2.	Document(s) of identification /Address proof as required have been verified with original by		
3.	Letter of thanks sent to account holders / introducer on :		
4.	Money Laundering Risk Classification (Please tick the appropriate box and strike the rest. Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>		

I have met the account opener (s) Mr. /Mrs. Ms.in person and hereby confirm that KYC Norms are fully complied with and further confirm that :-

- (i) a) The introducer has visited the Branch or Yes ☐ No ☐
 b) The introducer has not visited the Branch but written confirmation obtained. Yes ☐ No ☐
 (ii) The signature of the introducer is verified and KYC complaint Yes ☐ No ☐

Signature of the Authorised Officer

Date :

I have verified the documents submitted and confirm that KYC Norms are fully complied with :

.....
**Signature of the Branch Manager / Addl.
 Branch Manager / Seniormost Officer**