



M.D.C.C. BANK  
மேலாட்சிப் பெருக்கி  
சேம நிலம் பெருக்கும் வங்கி

# THE MADURAI DISTRICT CENTRAL COOPERATIVE BANK LTD.,

Head Office / .....Branch

## ACCOUNT OPENING FORM (No Frill Account only)

DATE : 

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For Bank Use Only:	Account Number																		
CIF No.										Member No.						AM			

Account Type:	SB. Small Saving A/C	<input type="checkbox"/>	Operational Mode																	
Customer type	SB. Vanavil Saving A/C	<input type="checkbox"/>	Single	<input type="checkbox"/>	E (or) S	<input type="checkbox"/>	Senior Citizen	<input type="checkbox"/>												
	SB. No Frill A/C	<input type="checkbox"/>	Jointly	<input type="checkbox"/>	A (or) S	<input type="checkbox"/>														

I / We request the bank to open an account as per details below:

Name																			
Father / Husband Name																			
Mother Name																			
Date of Birth				-			-												

Resident Address (Present) :	Permanent Address :																
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Mobile No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
E-Mail ID	:																				
Sex	:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>														
Marital Status	:	Married	<input type="checkbox"/>	Un Married	<input type="checkbox"/>																
Community	:	OC	<input type="checkbox"/>	BC	<input type="checkbox"/>	MBC	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>										
Religion	:	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Jain	<input type="checkbox"/>	Others	<input type="checkbox"/>										
If Minor Account	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Name															
Name of the Guardian																					
Relationship																					

Specimen Signature	Photo	Specimen Signature	Photo
<div>1.....</div>		<div>1.....</div>	
<div>2.....</div>		<div>2.....</div>	

Aadhaar Number																									
PAN No.																									
Other ID.																									
Occupation																Monthly turnover Rs									
Annual income Rs.																Threshold Income Rs :									
Education Qualification.	Upto HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>																								
Any Relatives Settled in Abroad	Yes <input type="checkbox"/> No <input type="checkbox"/> No of Related People <input type="text"/>																								
If Yes, Please mention their Names &Address	Name: .....												.....												
	Address .....												.....												
	.....												.....												
	.....												.....												
Dealing with other Banks																									
Type of Account / Facilities																									
Existing Credit Facilities																									
<b>ASSETS</b>																									
Vehicle	2 Wheeler <input type="checkbox"/> 4 Wheeler <input type="checkbox"/>																								
House	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Office Quarters <input type="checkbox"/>																								
Other Investment	Insurance ₹ : Deposit ₹ :																								
Nomination : Under Section 45ZA to 45ZF of the BR Act, 1949 and rule 2(1) of the banking companies (Nomination) Rules, 1985 Inrespect of Bank deposits																									
Nominee Name																			No: <input type="text"/>						
Relationship																									
Aadhaar																									
PAN No.																									
CIF No.																									
Registration No.																									
<b>INTRODUCER DETAILS</b>																									
Account No																									
Name																									
Mobile No.																									
Introducer Signature	Mobile Banking :Yes																								
<b>BANKING FACILITES</b> : ATM Card : Yes <input type="checkbox"/> No <input type="checkbox"/> Mobile Banking : Yes <input type="checkbox"/> No <input type="checkbox"/> Net Banking : Yes <input type="checkbox"/> No <input type="checkbox"/> SMS Alert : Yes      No																									

I/We ..... do here by declared that what is stated above is true to the best of my knowledge and belief.

<b>For Bank Use Only</b>	<b>Signature of Applicant</b>
Risk Classification : Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk <input type="checkbox"/>	
The Particulars of Identification verified with the original and copies obtained. Account may be opened	
..... Branch	Asst., Branch Manager