

The Haryana State Coop. Apex Bank Ltd; Branch _____



SPECIMEN SIGNATURE CARD

Type of A/c _____ A/c No. _____


Mode of Operation ☐ Self ☐ Either or Survivor ☐ Jointly

☐ Former or Survivor ☐ Any one or Survivor ☐ Other _____

Name of Firm/Company (In case of Current A/c)

FULL NAME & ADDRESS

1st Applicant Mr./Mrs./Ms _____ S/o D/oW/o _____

Address _____ 

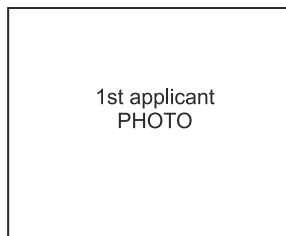
2nd Applicant Mr./Mrs./Ms _____ S/o D/oW/o _____

Address _____ 

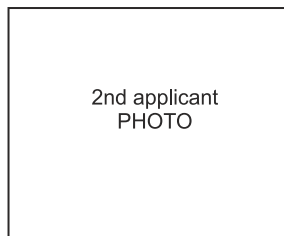
3rd Applicant Mr./Mrs./Ms _____ S/o D/oW/o _____

Address _____ 

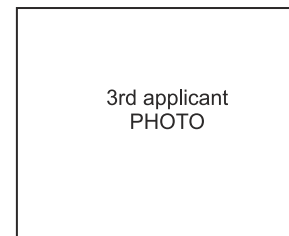
	<u>Specimen Signature</u>	<u>Aadhaar No.</u>	<u>PAN</u>
1st Applicant	_____	_____	_____
2nd Applicant	_____	_____	_____
3rd Applicant	_____	_____	_____
Customer ID	_____	_____	_____



1st applicant
PHOTO



2nd applicant
PHOTO



3rd applicant
PHOTO

Nominee's Name _____

Checked & Verified

Allowed

Date

Acctt.

Br. Manager/A.M./Manager



THE HARYANA STATE COOP. APEX BANK LTD;

Account Opening Form for Resident Individual / Sole Proprietorship Firm

Branch _____

(For office use only) Account No.

Date

(dd/mm/yyyy)

Type of Account

Name of Firm/Company (In case of Current A/c)

Saving Bank Account / No Frill
Current Account

PERSON DETAILS

Full Name: First Name: Middle Name: Sur Name:

1ST APPLICANT

Father/Husband Name Email

Male/Female ☐ Phone No. Date of Birth

PAN No. Aadhaar No.

Voter ID Passport No. Driving Licence No.

2ND APPLICANT

Father/Husband Name Email

Male/Female ☐ Phone No. Date of Birth

PAN No. Aadhaar No.

Voter ID Passport No. Driving Licence No.

3RD APPLICANT

Father/Husband Name Email

Male/Female ☐ Phone No. Date of Birth

PAN No. Aadhaar No.

Voter ID Passport No. Driving Licence No.

MAILING ADDRESS:

1st Applicant

2nd Applicant

3rd Applicant

Customer ID : 1st Applicant _____ 2nd Applicant _____ 3rd Applicant _____

ACCOUNT OPERATION & DECLARATION

1st Applicant

2nd Applicant

3rd Applicant

Signature

Signature

Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.
if the Applicant is Minor:- (Please attach DOB Certificate)

Guardian's Name _____

Relationship with minor ☐ Father ☐ Mother ☐ By court order (if yes please affix a copy) ☐ Others (please specify) _____

MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Jointly ☐ Former or Survivor ☐ Any one or Survivor ☐ Other _____
I/We wish to avail the SMS Alert Facility Mobile No. _____ Yes ☐ No. ☐

CURRENT ACCOUNT

I, the undersigned, declare that I am the sole proprietor, of the firm of _____
and am solely responsible for the liabilities of the firm. I further undertake that I shall advise you in writing of any change that may take place in the constitution of the firm resulting from taking a partner into my business, its sale or disposal or my ceasing to have any interest in the firm, if any of which events, I will be liable to you on any and all obligations and liabilities which may be outstanding against the firm's name in your books prior to or at the date of receipt by you of such notice and until all such obligations and liabilities shall have been liquidated or discharged. It is further certified that I don't have any Current Account with any other Bank.

☐ Sole Proprietorship Account/Partnership Firm Account Signature _____
Authority to operate on the account

I/We refer to the account opened by you in the name of
and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

yours faithfully

Name

Signature _____
(please sign without the stamp)

For Partnership Firms Submit Partnership Deed (Duly Attested)

INTRODUCTION DETAILS

Introduction by existing HARCO BANK account holder and Document confirming mailing address in the name of applicant

Name _____ Cust. ID _____ Ph. No. _____

Name of Branch _____ Account No.

I confirm that I am an account holder with HARCO BANK for over six months. I confirm that I personally know the applicant's detailed herein for _____ years and confirm his/her identity and address.

Signature of introducer _____ Signature verified _____

Supervisor Incharge

LINKING OF AADHAAR NUMBER TO MY ACCOUNT DELCARATION)

Please Link my Aadhaar No. to my account (In case of joint accounts, only the first holders Aadhaar number can be linked to the account, signature of all other holders to be obtained mandatorilly for the consent) (Self attested copy of Aadhaar letter / e-Aadhaar to be attached)

Signature

Signature

Signature

CHANNEL SERVICES

SMS Alert ☐ Mobile Banking ☐ Debit-cum-ATM Card ☐ Other ☐

Please indicate the name of the embossed on the card. First Applicant Name _____

Verified by B.M. / Acctt.

Declaration of RuPay Debit Card Undertaking :

I/We have received, read and understood the terms and conditions governing the usage of the RuPay Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me/us. I confirm that I am the sole account holder or have the required mandate to operate the account linked to the RuPay Debit Card singly and that I/We have completed 18 years of age. I/We understand that upon issue of RuPay Debit Card to me/us, the existing ATM Card of The Haryana State Co-operative Apex Bank Ltd. stand alone ATM linked to my/our account will be deactivated.

I/We understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the Exchange Control regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time. I/We accept full responsibility for my/our RuPay Debit Card and agree not to make any claims against The Haryana State Co-operative Apex Bank Ltd, in respect thereto :

1st Applicant Signature

2nd Applicant Signature

3rd applicant Signature

HUF DECLARATION AND MANDATE

We, the undersigned, for ourselves and _____
_____ as Manager/Karta and Ejaman of the family, also guardian of _____ request you
to take notice that we are member of Hindu Undivided Family/firm.

The joint family/firm is carrying business under the name and style of M/s. _____
_____, which is our joint family trade.

The Hindu Undivided Family/Firm is engaged in _____ activity/occupation not in the nature of the business or trade.

We, the undersigned, hereby authorized (Karta/Manager) _____ to operate upon the bank account
severally/jointly on behalf of us and all the transactions entered into end obligations incurred or to be hereafter incurred by them will be binding on all of
us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of
such accounts will be bindings on us.

Please treat this as a mandate from us to:

Collect/Credit Cheque/Remittances/Warrants/Refund order/ECS/RTGS/NEFT/instruments issued in favour of _____ being the
Karta in the accounts in the HUF A/c No. _____ of _____ HUF.

We hereby undertake the indemnify the Bank in case of any loss/claim/damages/penalty/changes etc. suffered by the bank, on account of our
aforesaid instruction/mandate.

Name and addresses :

Yours faithfully,

Mention here the name(s) of person(s) authorized to operation the account.

FORM DA 1-NOMINATION FORM

Nomination Facility : ☐ Required ☐ Not Required

Nomination Registration No.

Nomination : Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in
respect of Bank Deposits. (Form DA 1).

I/We _____ (names) nominate the following person whom, in the event of my/our/minor's death,
the amount of the deposit in the amount may be returned by HARCO BANK _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor	Age	If Nominee is a minor his/her Date of Birth

*As the nominee is a minor on this day, I/we appoint _____
_____ (Name, Address, Age & Relationship with depositor, if any) to receive the
amount of the deposit/insurance claim amount in the account on behalf of the nominee in the even of my/our minor's death during the minority of the nominee.

Signature (Depositor) _____

Personal Details & Signature of the Witness (in case of illiterate Person)

(1) Name : _____ Address: _____

Signature of Witness: _____ Signature of Account Holder _____

Verified by B.M. / Acctt.

KYC (Know you Customer) CERTIFICATE

TO BE FILLED SEPARATELY BY THE JOINT ACCOUNT HOLDER

1. Occupation : Salaried ☐ Self employed ☐ Business ☐ Student ☐ Retired ☐ Home Maker ☐

Other (Specify) _____

2. If self Employed : Doctor ☐ Lawyer ☐ Engineer ☐ Business ☐ C.A. ☐ Other (Specify) _____

3. Income : Monthly Rs. _____ Annually Rs. _____

Turnover (a) Monthly turnover : Rs. _____ b) Annual Turnover : Rs. _____

4. My Family & Me Status: Married / Unmarried

a) Name of spouse Mr./Mrs. _____ Educational Qualification of spouse _____

b) Date of Birth of spouse
d d m m y y y y

c) Mother Tongue _____

d) Detail of Children

1. Name _____ M/F DOB ____/____/____ Resident / Non Resident Married / Single

2. Name _____ M/F DOB ____/____/____ Resident / Non Resident Married / Single

5. Educational Qualification : Illiterate ☐ Upto HSC ☐ Graduate ☐ Post Graduate ☐ Professional (Specify) _____

6. Religion : Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ Other (Specify) _____

7. Category : General ☐ OBC ☐ SC ☐ ST ☐

8. Organisation's Name _____ Designation/Profession _____

9. Dealing with other Bank Yes ☐ No ☐ If Yes :-

a) Name of Bank & Branch : _____

b) Type of Account _____

10. Existing credit facility, if any :

Car Loan ☐ Home Loan ☐ Personal Loan ☐ Educational Loan ☐ Business/Agriculture ☐ Any other (specify) _____

ASSETS

Total Value Rs. _____ (Approx.) Agricultural Land _____

a) Vehicle	<input type="checkbox"/> Car	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Other	<input type="checkbox"/> None
b) House you live in	<input type="checkbox"/> Ancestral	<input type="checkbox"/> Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Employer's
c) Life Insurance for	<input type="checkbox"/> Upto Rs. 1 lacs	<input type="checkbox"/> Upto Rs. 2 lacs	<input type="checkbox"/> Upto Rs. 5 lacs	<input type="checkbox"/> Above 5 lacs
d) Other Investment	<input type="checkbox"/> Upto Rs. 1 lacs	<input type="checkbox"/> Upto Rs. 2 lacs	<input type="checkbox"/> Upto Rs. 5 lacs	<input type="checkbox"/> Above Rs. 5 lacs
e) Any other Assets	<input type="checkbox"/> Upto Rs. 1 lacs	<input type="checkbox"/> Upto Rs. 2 lacs	<input type="checkbox"/> Upto Rs. 5 lacs	<input type="checkbox"/> Above Rs. 5 lacs

DECLARATION :

I/we do hereby declare that information given in the application form is true to the best of my/our knowledge and belief.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Verified by B.M. / Acctt.

FORM NO. 60* (See third provision of rule 114B)

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transaction specified in clause (a) to (h) of rule 114B.

1. Full Name and Address of the declarant _____

2. Particulars of transaction _____ 3. Amount of Transaction _____
4. Are you assessed to tax ? _____ Yes/No
5. If yes, (i) Details of Ward/circle/range where the last return of income was filed? _____
(ii) Reasons for not having PAN/GIR ? _____
6. Details of the document being produced in support of address in Column (1) _____

Signature of the Applicant/Declarant

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

Verified today, the _____ day of _____ year _____ Place: _____

Instructions :- Documents which can be produced in support of the address are:-

(a) Ration Card (b) Pass Port (c) Driving Licence (d) Identity Card Issued by an Institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of Central Government or local bodies showing residential address. (g) Any other documentary evidence in support of this address given in the declaration (h) Voter Card.

FORM NO. 61 [provision to clause (a) of rule 114C (1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other Income chargeable to Income-tax in respect of transactions specified in clause (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction _____
3. Details of documents being produced in support of address in column (1) : _____

I hereby declare that my source of Income is from agriculture and I am not required to pay Income-tax on any other Income if any.

Date : _____

Place: _____

Signature of the Applicant/Declarant

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

Verified today, the _____ day of _____ year _____ Place : _____

Signature of the Applicant/Declarant