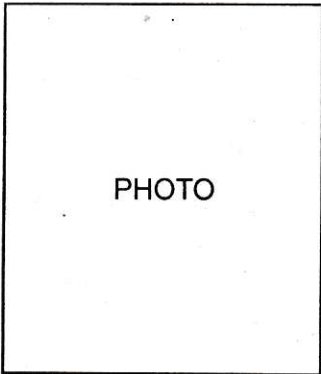


Date



JOYPUR SAMABAY KRISHI UNNAAYAN SAMITY LTD
REGD. NO- 61(P). DATED:- 18.12.1976

PH- 03254252311, MAIL- JOYPUKUS@GMAIL.COM



Savings Deposit Account or Current Deposit Account Opening From with K.Y.C. For Non Personal Customer

Account No.

C.I.E. No.

I/ We desire to open a savings Accounts or current Deposite Account with

Cheque Book Facility SMS Alert Facility ATM facility (PREPAID CARD)

Name of Applicant : Mr./Mrs. m Miss (Please fill with Block letters or tick the appropriate boxes wherever required)

First Name

Middle Name

Last Name

Father's / Husband's Name

Gender : Male Female Date of birth Place of birth :

Nationality : Religion : Hindu Muslim Sikh Christen Buddhist others

Cast Category : General O.B.C. S.C. S.T.

Status: Hlitracte Blind Pardanashim phy. Hand. None of those others (Specify)

Identification Makes if any :

Permanent Address : Owner Family House Parental Rental Employer Provided

Post Office District State Pin code

Office / Business Address :

Post Office District State Pin code

Residential Tele Phone No. with S.T.D. Code

Office Telephone No. with S.T.D. Code

Mobile No. 1.

Mobile No. 2

Email if any

FULL SIGNATURE / THUMB LMPRESSION OF APPLICANT

Minor : Yes No If yes, please furnish details of guardian

Relationship with Minor : Natural guardians father Natural guardian mother (in absence of father) Legal guardian (Please Submit the Court Order)

Name of Guardian																																								
Address of guardian																																								
Post Office																																								
District																																								

Whether Staff Member : yes No If yes please put P.F. Account no. here _____

Occupation

Salaried Govt. / Semi Govt. Sector Salaried Other Retired from Govt. / Semi Govt. Sector
 Retired Other Doctor Engineer Lawyer Other Professional Business Trading
 Business Manufacturing Self Employed Agriculture Housewife Daily Labour
 Not working Elderly person student teacher others (place Specify) _____
 Marital Status : Married Single Others

Educational Qualification :

Up to Primary Below S.S.C. Up to S.S.C. Graduate Post Graduate Other (specify) _____

Annual Income :

Up to Rs. 50000.00 Above Rs. 50000.00 to Rs 150000.00 above 150000.00 to 500000.00 Above Rs. 500000.00

Annual turnover (In case of Business) : _____

Proof in support of said turnover : Balance Sheet I.T. Return S.T. Return Excise Return others.

Whether Income Tax Assesse ? If yes, Please furnish PAN / GIR Number else submit Form No. 60/61 yes no

Please Put PAN/GIR Number here :

Proof of Identity : Passport Voter ID Card Aadhar Card Pan Card Driving License

Govt. / Defence ID Card Other (Please Specify) _____

Proof of Identity : Passport Aadhar Card Driving licence Electricity Bill Telephone Bill

Other Bank Passport Ration Card Residential Certificate

Other (Please Specify) _____

Nomination under section 45ZA of the SOCIETY regulation Act 1949 and Rule 2 (1) of the SOCIETY (Nomination) Rules 1985 in Respect of SOCIETY deposits

I/ We nominate the following person to whome in event of my / our / minor's death the amount of deposite, particulars whereof are given below, may be returned by JOYPUR SAMABAY KRISHI UNNAAYAN SAMITY

Name of Nominee																					

address of Nominee																					

Post Office																					
District																					

Relationship with depositer _____

Age of Nominee		Date of Birth of Nominee (Mandatory case of minor with age prof)															
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

As the nominee is a minor on this date I/we appoint Mr. / Mrs. / Miss _____ resident of _____ to receive the amount of the deposite on behalf of the nominee in the event of my / our / minor's during the minority of the nominee.

_____ 1. Full Signature/Thumb Impression of Applicant _____ 2. Full Signature/Thumb Impression of Applicant _____ 3. Full Signature/Thumb Impression of Applicant

** Where deposite is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the nominee.

Name & Address of witness _____

Name & Address of witness 2 _____

signature of witness 1.

signature of witness 2.

Secretary Joypur S.k.U.S. LTD.	MANAGER Joypur S.k.U.S. LTD.
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Checked & verified by Branch Manager or Authorized Signatory

Other Bank Account Details (if any):

	Bank Name	Branch Name	Faciliti / Services being availed				
			Savings	Current	OD	CC	TL
Applicant 1							
Applicant 2							
Applicant 3							

Details of family members:

Age Group	Up to 10 years	11to 20 years	40to 60 years	46to 60 years	Above 60 years	Total

Minor : Yes No. if yes, please furnish details of guardian

Relationship with Minor : Natural guardians father Natural guardians Mothers (in absence of father) Legal guardians (please Submit the court Order)

No. of Males						
No. of Femals						

Deslaration :

I / We have need (a) the Account Rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account(s) which/ We am / are opening / will open JOYPUR S.K.U.S. L.T.D. and (b) amendments to the rules made from time to time and those relating to various services availed by me/us, I / We understand also been made aware of the changes splicable on various services provided by the society I / We authorize the bank to debit my account for recovery of service charge / incidental charges as applicable for time to time. I / We hereby declare that the information furnished above is true and correct to the best of my / our knowledge.

I/we give my / our consent to receive information by usual means of communication. including phone Banking about JSKUS' s Product and/ or service or promotional offers introduced by the bank from time to time and also authorized the bank to use my/ our personal information available with the Society for marketing purpose.

1. Full Signature/Thumb Impression of Applicant 2 Full Signature/Thumb Impression of Applicant 3 Full Signature/Thumb Impression of Applicant

Special Declaration in case of minor account.

I do hereby declare the date of birth of the minor is who is my (relationship)

and I am his / father guardian / lawful guardian appointed vide court dated

(Copy enclosed). I

Shall represent the said minor in all future fransaction of any description in the above account until the said minor attains majority. I indemnify the society against the claim of the above minor of any withdrawal / transtction made by me in his 'her account.

Full Signature/Thumb Impression of Applicant

Introduction : I know Mr. / Mrs. / Miss . _____ Since _____ as a friend/ relative / neighbor and confirm his / her occupation as a _____ and confirm address (s) mentioned herein.	
Account No. of Introducer <input type="text"/>	
Name of Introducer _____	
	Full Signature