



Branch.....

**TO,  
The Manager,  
TGMC Bank Ltd.,**

### Deposit Opening Form

Space For Photo	Space For Photo
-----------------------	-----------------------

Senior Citizen Yes  No  (Proof of Age to be furnished)

Customer ID   
 Membership No   
 Account No

### Nature of Account

Savings Account  Current Account

### CONSTITUTION

Individual  Joint Account  Proprietorship  Partnership  Trust  Private Limited Co   
Public Limited Co.  Co - Operative society  Others

### INDIVIDUAL / JOINT ACCOUNTS / HUF ACCOUNT

1. Mr./Ms./M/s..... S/o, D/o, W/o .....  
 Date Of Birth  -  -  Address (Office).....  
 Address (Res).....  
 City.....Pin  Designation.....  
 Tel  Mob  Tel  Mob   
 PAN No.  Form 60  K Y C Norms Complied Yes  No

2. Mr./Ms./M/s..... S/o, D/o, W/o .....  
 Date Of Birth  -  -  Address (Office).....  
 Address (Res).....  
 City.....Pin  Designation.....  
 Tel  Mob  Tel  Mob   
 PAN No.  Form 60  K Y C Norms Complied Yes  No

3. Mr./Ms./M/s..... S/o, D/o, W/o .....  
 Date Of Birth  -  -  Address (Office).....  
 Address (Res).....  
 City.....Pin  Designation.....  
 Tel  Mob  Tel  Mob   
 PAN No.  Form 60  K Y C Norms Complied Yes  No

### OPERATIONAL INSTRUCTIONS

SINGLE  JOINTLY  EITHER or SURVIVOR  Others  if Others Specify.....

Signatures: 1..... 2..... 3.....

<b>Specimen Signatures</b>	1.	2.	3.
	a. _____	a. _____	a. _____
	b. _____	b. _____	b. _____
	c. _____	c. _____	c. _____

### MINOR ACCOUNTS

Minor's Date Of Birth\*       Name & Address of the Guardian.....

Relationship: Mother  Father  Any Other Specify.....

\* Copy of Birth Certificate should be enclosed

Signature of the Guardian

### Current Accounts:-

**PROPRIETORSHIP FIRM**  **PARTNERSHIP**  **COMPANY**  **TRUST ACCOUNTS**  **SOCIETY**

Name Of the Concern .....Date of Regn.

Name of the Proprietor/Partner/Authorized Signatories.....

Address (Regd).....

.....

City.....Pin

Tel

PAN No.                      Form 60

Address

(Correspondence).....

.....

City.....Pin

Designation.....

Tel

Nationality.....

KYC Norms Complied Yes  No

**OPERATIONAL INSTRUCTIONS:**

Any One  Jointly  Specify .....

Nature of Business .....

(Please attach Annexure/Letter of Authority, HUF Letter on Letter Head detailing the personal details of Partners/Directors such as Designation, Husband's /Father's Name Date of Birth, Residential Address, Details of PAN Card, 2 Recent Passport size Photos of the Partners/Directors/Trustees)

<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 0 auto;">                 Space for Photo             </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 0 auto;">                 Space for Photo             </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 0 auto;">                 Space for Photo             </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 0 auto;">                 Space for Photo             </div>
Name.....	Name.....	Name.....	Name.....
<b>Signature</b>	<b>Signature</b>	<b>Signature</b>	<b>Signature</b>

1. Letter of prop
2. Partnership letter
3. Draft of board resolution to be submit by ltd company

### AUTHORIZATION & DECLARATION

The Bank based on this application from the authorized Signatories, mentioned under 'Operation', in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, can make payment of the process of the Deposit at the time of closure of the Account.

I/We request and authorize you to honour all cheques or other orders drawn by me / us of bills of exchange and notes as also amounts of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn as per rules of the Bank in force with or without any advice to me / us.

I / We hereby authorize the Bank to disclose any information contained in this form without my/our prior consent to Government agencies, credit information companies or any other authorities deemed necessary by the Bank.

I the undersigned am, the sole proprietor of the above named firm and request you to honour only my signature or a person authorized by me in writing

We, the undersigned, carrying on business as partners of the above named firm, request you to honour our signatures as partners, until you receive notice from us to the contrary. We shall be liable to you jointly and severally for all the dealings of our firm with the Bank. Whenever any change occurs in our partnership, we shall inform you of the same in writing under the signatures of all the partners and our individual responsibility to the Bank will continue until all our liabilities to the Bank are discharged.

I / We confirm that the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read to me / we and I / we agree to abide by the rules and regulations which may be modified from time to time.

I /We agree to abide by the Banks rules relating to Current / S.B. Accounts proposed minimum balance of Rs.....

Signature of Depositor (1)

Signature of Depositor (2)

Signature of Depositor (3)

**Documents for FIRMS/COMPANIES:**

- 1. Copy of Certificate of Incorporation.
- 2. Board Resolution authorizing for opening and conducting of the account.
- 3. Copy of Certificate of Commencement of Business.
- 4. Copy of the Partnership Deed/Registration Certificate (if any)
- 5. Copy of Memorandum and Articles of Association.
- 6. PAN Card Copy of Individual/ Partnership/ Company.

**Documents for INDIVIDUALS:**

Any **one document** from each of the undernoted 2 lists for a photo ID and a proof of residence (As per KYC Norms).

1. <input type="checkbox"/> Copy of Passport 2. <input type="checkbox"/> Voter's ID Card 3. <input type="checkbox"/> ID cards issued by reputed employers + Employer's letter + Salary slip 4. <input type="checkbox"/> Driving License	1. <input type="checkbox"/> PAN Card 2. <input type="checkbox"/> Credit Card Statement 3. <input type="checkbox"/> Salary Slip 4. <input type="checkbox"/> Electricity Bill 5. <input type="checkbox"/> Telephone Bill 6. <input type="checkbox"/> Passport, if address is same 7. <input type="checkbox"/> Income/ Wealth Tax assessment order 8. <input type="checkbox"/> Mobile Bill 9. <input type="checkbox"/> Life/ Medical Insurance Policy 10. <input type="checkbox"/> Municipal Tax / Water Tax Bill
Copies verified with the originals	
Branch Manager	

**INTRODUCED BY**

Name ..... S/o, D/o, W/o .....

Account No.                SB  CA  Address .....

I / We know the applicant for the last .....  
 .....Months/Years and recommend them to the Bank  
 Tel         Mob          City.....Pin

Date:       Place: \_\_\_\_\_ Signature of the Introducer

**NOMINATION**

Nomination for DA-1  
 (To be filled by the depositor for this facility)

I / We Nominate the following person to whom in the event of My/ Our/Minor's death, the amount of deposit, particulars thereof are given below may be returned by the Bank.

Nature of Deposit	Name	Address	Relationship with depositor	Age	If Nominee is a minor his/her Date of Birth

As the nominee is a minor on this date, I/We appoint Shri./Smt./ Kumari (Name, Address & Age ).....to receive the amount of the deposit on behalf of the nominee in the event of My/ Our/Minor's death during the minority of the nominee.

Place : \_\_\_\_\_ Signature(s)/Thumb Impression(s)  
 Date : \_\_\_\_\_ of Depositor(s)

Witness for Thumb Impression(s) 1.)..... 2.).....  
 Address.....

**Strike out if Nominee is not minor**

Where the deposit made in the name of Minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**Note. The Branch should comply by the provisions of the section 45 ZA of the Banking regulation act of 1949 and Rule 2(1) of the Banking Companies (Nomination Rules) 1985 in respect of Bank Deposits:**

<p><b><u>For Bank Use</u></b></p> <p>Account Opened By .....</p> <p>Account Opening Authorized By.....</p> <p>Nomination Registration No.....</p>	<p>KYC Norms Complied Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of Opening.....</p> <p>Nomination Dated .....</p> <p style="text-align: right;"><b>Branch Manager</b></p>
---	--