



# THE JAMMU CENTRAL CO-OP. BANK LTD.

ACCOUNT OPENING FORM  
INDIVIDUALS

BR \_\_\_\_\_

PAN NO. \_\_\_\_\_

GIR NO. \_\_\_\_\_

FOR BANK USE :

CUST - ID \_\_\_\_\_

ACCT - NO \_\_\_\_\_

DATE : \_\_\_\_\_

THE BRANCH MANAGER

I/WE REQUEST YOU TO OPEN THE FOLLOWING DEPOSIT ACCOUNT

## SCHEME CHOICE

☐ JCCB-SAVING

☐ JCCB-CURRENT

☐ JCC - COMFORT (RECURRING)

☐ JCCB - FIXED DEPOSIT

☐ JCCB - MULTIPLIER (Reinvestment)

Rs \_\_\_\_\_

Rs \_\_\_\_\_

Rs \_\_\_\_\_

PERIOD \_\_\_\_\_

PERIOD \_\_\_\_\_

PERIOD \_\_\_\_\_

☐ OTHERS (PLEASE SPECIFY) \_\_\_\_\_

## NAME (S), ADDRESS (ES)

NAME ADDRESS  PIN PHONE FAX DATE OF BIRTH	
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## IN CASE OF MINOR(S)

DATE OF BIRTH \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

GUARDIAN \_\_\_\_\_

## OCCUPATION

☐ EXECUTIVE

☐ DOCTOR

☐ BUSINESSMAN

☐ SELF EMPLOYED

☐ CIVIL SERVANT

☐ ARCHITECT

☐ PENSIONER

☐ RETIRED PERSON

☐ DEFENCE PERSONNEL

☐ ACCOUNTANT

☐ STUDENT

☐ STAFF

☐ AGRICULTURIST

☐ LAWYER

☐ HOUSEWIFE

☐ OTHERS (PLEASE SPECIFY)

## MODE OF OPERATION

☐ SINGLE / SELF

☐ JOINTLY

☐ UNDER GUARDIANSHIP

☐ EITHER OR SURVIVOR

☐ FORMER OR SURVIVOR

☐ SOLE PROP

☐ BOTH OR SURVIVOR

☐ LATTER OR SURVIVOR

☐ PARTNERSHIP

## OTHER ACCOUNT(S) WITH JCC BANK

NAME OF ACCOUNT	ACCOUNT NO.	BRANCH

## STANDING INSTRUCTIONS

☐ PLEASE RENEW FOR SIMILAR PERIOD ON MATURITY

INTEREST TO BE PAID MONTHLY / QUARTERLY / HALF YEARLY BY :

CREDIT TO SAVINGS BANK / CURRENT ACCOUNT NO. \_\_\_\_\_

☐ OTHERS (PLEASE SPECIFY) \_\_\_\_\_

**DETAILS OF THE INTRODUCER**

NAME ADDRESS	<input type="text"/> KNOW THE APPLICANT(S) FOR A PERIOD OF <input type="text"/> MONTHS YEARS AND CONFIRM THE ADDRESS/ES		
ACCOUNT NO.	CUSTOMER I.D.	DATE	INTRODUCER'S SIGNATURE

**DECLARATION**

I / WE AGREE TO ABIDE BY THE BANK'S RULES RELATING TO THE ABOVE ACCOUNT(S) AS APPLICABLE FROM TIME TO TIME

1. NAME	2. NAME	3. NAME	FOR BANK USE
PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	NAME OF ACCOUNT
			ACCOUNT NO.
			SCANNED BY
			VERIFIED BY
1. SIGNATURE	2. SIGNATURE	3. SIGNATURE	

**NOMINATION**

NOMINATION UNDER SECTION 45 ZA OF THE BANKING REGULATIONS ACT 1949 AND RULES 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF THE BANK DEPOSITS.

I/WE NOMINATE THE FOLLOWING PERSONS TO WHOM IN THE EVENT OF MY/OUR/MINOR'S DEATH, THE AMOUNT OF DEPOSIT IN THE ACCOUNT MAY BE RETURNED BY THE JCC BANK LTD.

NOMINEE			
NAME & ADDRESS	RELATIONSHIP WITH DEPOSITOR, IF ANY	IF NOMINEE IS A MINOR, HIS/ HER DATE OF BIRTH	APPOINTED GUARDIAN DURING THE MINORITY OF THE NOMINEE (NAME & ADDRESS)

AS THE NOMINEE IS A MINOR ON THIS DATE I/WE AUTHORISE THE APPOINTED GUARDIAN TO RECEIVE THE AMOUNT OF DEPOSIT ON BEHALF OF THE MINOR IN THE EVENT OF MY / OUR / MINOR'S DEATH DURING THE MINORITY OF THE MINOR

PLACE

DATE

**WITNESS****SIGNATURE OF DEPOSITOR (S)**

NAME & ADDRESS
SIGNATURE OF WITNESS

**FOR BANK USE**

LETTER OF THANKS SENT TO CUSTOMER ON	LOCATION ON	<input type="text"/>
LETTER OF THANKS SENT TO INTRODUCER ON	GLSUBHD CD	<input type="text"/>
INTRODUCTION DETAILS AND SIGNATURE DETAILS VERIFIED BY	SCHEME CD	<input type="text"/>
ACCOUNT OPENED AND CHEQUE ISSUED NOS. FROM <input type="text"/>	TO <input type="text"/>	

**ENTERED BY****VERIFIED BY****AUTHORISED SIGNATORY**

AUTORENEWAL	1	2	3	4	5	6
NEW ACCT. NO. TRANSACTION NO. ENTERED BY VERIFIED BY						