



The Zoroastrian Co-operative Bank Ltd.
(Multi-State Scheduled Bank)

B) MODE OF OPERATION Account will be operated by

Self
 Either or Survivor
 Former or Survivor
 Jointly or Survivor
 Any one of us or any one of the survivors or the last survivor
 Minor by Guardian
 Any other Instruction _____

Proof of Identity

C) ADDRESS DETAILS

Communication Address* Please provide complete address for faster courier deliveries.

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

Permanent Address of 1st Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

Permanent Address of 2nd Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN-CODE _____

Permanent Address of 3rd Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

	STD Code	Tel. No. (Office)	Tel. No. (Residence)	Fax No.
1st Applicant	_____	_____	_____	_____
2nd Applicant	_____	_____	_____	_____
3rd Applicant	_____	_____	_____	_____

	Mobile Number	Email Address
1st Applicant	_____	_____
2nd Applicant	_____	_____
3rd Applicant	_____	_____

Facilities Required (Please tick ✓)

Internet Banking
 Mobile Banking
 Debit Card
 SMS Banking

We are aware that all the E Channel product like / Rupay Debit Card / Mobile banking / SMS Banking / products that may be offered by the bank are available to us. We hereby authorize the 1st Account Holder named herein to apply, receive / download the products / applications by accepting the terms & conditions and to operate the same individually

D) MINOR DECLARATION

Attach proof for minors DOB

Type of Guardian :
 Father
 Mother
 Legal

Full Name of Guardian
 Mr.
 Ms.

I hereby declare that the date of birth of the minor who is my _____ is ____ / ____ / ____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated ____ / ____ / ____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date :

X _____
Signature of Guardian



OCCUPATION

E)

1st APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Annual Household Income (₹) Upto 60,000 60,001-1,00,000 1,00,001-5,00,000 5,00,001-10,00,000 > 10,00,001

2nd APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Annual Household Income (₹) Upto 60,000 60,001-1,00,000 1,00,001-5,00,000 5,00,001-10,00,000 > 10,00,001

3rd APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Annual Household Income (₹) Upto 60,000 60,001-1,00,000 1,00,001-5,00,000 5,00,001-10,00,000 > 10,00,001

F) KNOW YOUR CUSTOMER (KYC) DETAILS*

Provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification)

PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity (POI) needs to be submitted)

	1st APPLICANT'S	2nd APPLICANT'S	3rd APPLICANT'S
Passport Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Voter ID Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pan Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Driving Licence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UID (Aadhar)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NREGA Job Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Others (any document notified by the central government)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROOF OF ADDRESS (PoA)*

CURRENT / PAYMENT/OVERSEAS ADDRESS DETAILS*

(Certified copy of any of the following Proof of address (PoA) needs to be submitted)

	1st APPLICANT'S	2nd APPLICANT'S	3rd APPLICANT'S
Address Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Registered office	<input type="checkbox"/> Registered office	<input type="checkbox"/> Registered office
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified
Proof of Address	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport	<input type="checkbox"/> Passport
	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Driving Licence
	<input type="checkbox"/> UID (Adhaar)	<input type="checkbox"/> UID (Adhaar)	<input type="checkbox"/> UID (Adhaar)
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> Voter Identity Card
	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> NREGA Job Card
	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others
	<input type="checkbox"/> Simplified Measures Account	<input type="checkbox"/> Simplified Measures Account	<input type="checkbox"/> Simplified Measures Account
<input type="checkbox"/> Document Type Code	<input type="checkbox"/> Document Type Code	<input type="checkbox"/> Document Type Code	



The Zoroastrian Co-operative Bank Ltd.

(Multi-State Scheduled Bank)

For Salary Accounts - Employee Code

Letter from Employer verifying identity and current address

OR

Introduction by a designated Company Official and KYC documents as above

X

Signature with Company Seal

G) You may convey promotional information through telephone calls / sms / e-mail / letters - Yes

No

X Signature of 1st applicant

X Signature of 2nd applicant

X Signature of 3rd applicant

I) NOMINATION DETAILS (FORM DA1)

Nomination under Sec. 45ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

(i) I / We (name) _____ (Address) _____
nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by The Zoroastrian Co-op. Bank Ltd. _____ Branch.

Nature of deposit & Number	Name & address of nominee	Relationship with depositor if any	Age	If nominee is a minor, his date of birth

*As the nominee is a minor on this date, I / We appoint (name) _____ (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) of Depositors

Date :

Signature _____

Signature of witness _____

In case of death of any of the joint holders, the amount of deposit and interest may be paid to survivor before the maturity of the deposit.

Name(s) _____

Name(s) _____

Address(es) _____

Address(es) _____

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

Thumb impression shall be attested by two witnesses

Signature of Account Holder _____

Nomination Registration No. _____ Date

Acknowledgment of nomination received on _____

Are you a Tax Resident of any country other than India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(IF YES please fill FATCA/CRS Self Declaration form separately)			

1st Applicant

Please Paste Latest Passport Size Colour Photograph here

X

2nd Applicant

Please Paste Latest Passport Size Colour Photograph here

X

3rd Applicant

Please Paste Latest Passport Size Colour Photograph here

X

Signature 1st Applicant

X

Signature 2nd Applicant

X

Signature 3rd Applicant

X

DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained, The Account may please be opened. Enclosure Detail (This information must be filled-up by the branch before sending AOF for processing)

The Zoroastrian Co-op. Bank Ltd.

Signature of Bank Official in whose presence signed & Round seal of Branch

Name

EMP No

Date :

Number of Pages of KYC documents enclosed:

X Authorised Signatory



The Zoroastrian Co-operative Bank Ltd.

(Multi-State Scheduled Bank)

Acknowledgement - DA 1

Date _____

We acknowledge receipt of nomination made by you in favour of :

Name of the nominee _____ Age : _____ years.

with respect to your A/C Nos. _____

Nomination is registered.

Yours Faithfully,

Signature of bank official with seal



The Zoroastrian Co-operative Bank Ltd.

(Multi-State Scheduled Bank)

Acknowledgement - DA 1

Date _____

Received the application from Mr/Ms _____

as the 1st applicant along with _____ & _____

as the 2nd applicant & 3rd applicant respectively for opening of saving bank account.

Date :

Signature of bank official