



THE HARYANA STATE COOPERATIVE BANK LTD;
HEAD OFFICE THE MALL SHIMLA-171001



hpsc

Bank of the State for the State

hpsc

Branch Name

Date

hpsc ACCOUNT OPENING FORM

Customer Id

I/We request you to open my/our deposit account with your branch/bank as under; tick (x) relevant type of account

Account No.

1. Savings Bank A/C 2. Current A/C 3. Term Deposit 4. Recurring Deposit
 5. Multi option Deposit Account

Please fill up the form in capital letters only. Authenticate the cutting by initial signature(s), if any.

Account Name: (Account name as would appear on passbook)			
Particulars	1 st Applicant	2 nd Applicant (in case of joint account)	3 rd Applicant (in case of joint account)
Name			
Father's/ Spouse Name			
Sex			
Marital status			
D/O/B			
Correspondence Address			
	PIN	PIN	PIN
Permanent Address			
	PIN	PIN	PIN
Contact No. Residence)			
Mobile No.			
PAN			
Aadhar UID No.			
e-mail Address			
Occupation			
Monthly Income (in Rs.)			
Annual Turnover (in Rs.)			
Source of income			
Dealing with other Banks (Specify Bank's Branch Name and A/c No.)			
Existing Credit facilities (Specify with details)			

In case of Minor:-

Name of Guardian:-

Address of Guardian:-

I hereby declare that the date of birth ___/___/___ of the minor who is my _____ and I am his/her natural guardian / lawful guardian appointed by the 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: ___/___/___

Signature of Guardian

Mode of Operation:-

(Please choose one of the following)

1. Single 2. Either of Survivor 3. Former or Survivor 4. Anyone or Survivor
5. Jointly by all 6. By guardian on behalf of kin 7. Other (Specify).....

Cheque Book Required:-

NO. YES (if yes, tick appropriate facility)
Ordinary Cheque Book Multicity Cheque Book
Please tick on the number of Cheque folio required 25 50 100

Mobile Banking Required:-

NO. YES If yes, Please Mention Mobile No. _____

SMS Alerts Required:-

NO. YES If yes, Please Mention Mobile No. _____

Internet Banking Required:-

NO. YES

ATM Facility Required:-

NO. YES

Nature of Account:-

(Please choose one of the following)

1. General 2. Staff 3. Senior Citizen 4. Government 5. Minor
6. No Frill 7. Salary Account 8. Pension Account

Constitution:-

(Please choose one of the following)

1. Individual 2. Joint 3. Hindu Undivided Family (HUF) 4. Society
5. NGO 6. Partnership Firm 7. Trust & Foundation 8. Self Help Group
9. Club 10. Company 11. Bank 12. Others

Other Details:-

(Please choose one of the following)

1. Salaried 2. Self Employed 3. Businessman 4. Student 5. Housewife
6. Agriculturist 7. Retired Employee 8. Defence Staff 9. Stock Broker
10. Jeweler 11. Politician 12. Arms Dealer 13. Others

In case of Current Account Only:-

- (i) I/We do not enjoy any credit facility with any other Bank/Branch of your bank
 (ii) I/We undertake to inform you as and when credit facilities are availed by me/us with any other bank/branch of your bank.
 (iii) I/We enjoy credit facility with other Bank/Branch of your bank, details of which are as under:-

Name of Bank/Branch	Nature of Limit	Amount (In Rs.)
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Please present any of these documents in original for verification from each of the undernoted column for a proof of identity & Address. A self attested copy of the same to be submitted for branch record. (Please tick the appropriate box):-

Accounts of Individuals

Documents accepted as Proof of Identity (Any one of following)	Document accepted as Proof of Address (Any one of following)
<input type="radio"/> Passport	<input type="radio"/> Passport
<input type="radio"/> PAN	<input type="radio"/> Voter ID
<input type="radio"/> Driving License	<input type="radio"/> Driving License
<input type="radio"/> NREGA Job Card (Job card issued by NREGA duly signed by an officer of the State Government)	<input type="radio"/> Ration card
<input type="radio"/> Aadhaar card (The letter issued by UIDAI containing details of name, address and Aadhaar number)	<input type="radio"/> Electricity bill (preferably latest but not older than 3 months along with receipt of bill having been deposited)
<input type="radio"/> Voter Identity Card	<input type="radio"/> Bank Passbook / Bank Account Statement (depicting latest transactions but not older than 3 months)
<input type="radio"/> Govt. Department Identity (subject to the bank's satisfaction)	<input type="radio"/> Telephone bill (preferably latest but not later than 3 months along with receipt of bill having been deposited)
<input type="radio"/> Letter from a recognized public authority or public servant verifying the identity and residence of the customer to the satisfaction of bank.	<input type="radio"/> Letter from a recognized public authority or public servant verifying the identity and residence of the customer to the satisfaction of bank.

In Case of entities other than Individuals, Please present following documents in original for verification. A self attested copy of the same to be submitted for branch record. (Please tick the appropriate box):-

Entities	Documents Required
<input type="radio"/> Accounts of Companies	<input type="radio"/> Certificate of incorporation and memorandum & Articles of Association. <input type="radio"/> Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. <input type="radio"/> Power of Attorney granted to its Managers, Officers or Employees to transact business on its behalf. <input type="radio"/> Copy of PAN allotment Letter. <input type="radio"/> Copy of the telephone bill.
<input type="radio"/> Accounts of Partnership Firms	<input type="radio"/> Registration Certificate, if registered. <input type="radio"/> Partnership deed. <input type="radio"/> Power of Attorney granted to a partner or an employee of firm to transact business on its behalf <input type="radio"/> Any officially valid document identifying the partners and the persons holding the Power of Attorney and their address. <input type="radio"/> Telephone bill in the name of firm/partners.

<input type="radio"/> Accounts of Trusts & Foundations	<input type="radio"/> Certificate of registration, if registered. <input type="radio"/> Power of Attorney granted to transact business on its behalf. <input type="radio"/> Any officially valid document to identify the trustees, settlors, beneficiaries and those holding Power of Attorney, founders/Managers/directors and their addresses. <input type="radio"/> Resolution of the managing body of the foundation/association. <input type="radio"/> Telephone bill.
<input type="radio"/> Accounts of Proprietorship Concerns	<input type="radio"/> Registration certificate (in the case of a registered concern). <input type="radio"/> Certificate/licence issued by the Municipal authorities under shop & Establishment Act. <input type="radio"/> Sale and income tax return. <input type="radio"/> CST / VAT certificate. <input type="radio"/> Certificate / registration document issued by Sales Tax / Service Tax / Professional Tax authorities. <input type="radio"/> Registration / licensing documents issued in the name of the proprietary concern by the Central Government or State Government Authority / Department. <input type="radio"/> IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT as an identity document for opening of bank account. <input type="radio"/> Licence issued by the Registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities, etc. Any two of the above documents would suffice. These documents should be in the name of the proprietary concern.
<input type="radio"/> Accounts of Clubs / Associations / Societies etc.	<input type="radio"/> Duly certified copies of constitution & bye-laws. <input type="radio"/> Certificate of Registration, in case of Registered Entities. <input type="radio"/> Resolution passed by Managing Body authorizing opening of account including mandate for operation of the account.

Introduction Details:-

I _____ having account number _____ confirms that I know the applic. ti (s) personally for a period of _____ month(s)/year(s) and confirms his identity and address as stated above.

Contact No. of Introducer :- (Resi.) _____

Mobile No. _____

e-mail Address _____ Date: _____/_____/_____/

(_____)
Signature of Introducer

Nomination Facility opted :-

NO. YES

(If yes, Please fill Nomination Form given below)

Do you want to display the status of availment of nomination facility on the face of passbook with the legend "Nomination Registration"? NO. YES

Do you wish to have the name of nominee printed on the face of passbook/Term Deposit Receipt:-
NO YES

Specimen Signature (s)/Photograph(s):-*(thumb impression shall be witnessed/verified by an account holder, who is personally known to him)*

Name of Applicant-1	Specimen Signature or thumb impression	Paste your recent passport size photograph here
Customer Id.....		

Name of Applicant-2	Specimen Signature or thumb impression	Paste your recent passport size photograph here
Customer Id.....		

Name of Applicant-3	Specimen Signature or thumb impression	Paste your recent passport size photograph here
Customer Id.....		

I/We hereby declare that the above informed information is true and correct. I/We hereby confirm that the Rules of Business have been read by me/us and/or explained to me/us. I/We have understood and agreed to be bound by the Bank's Rule and Regulations governing such accounts from time to time. I/We clearly understand that all the operations effected through my/our ATM Card at any of the ATMs installed by HPSCB and/or installed by other banks and permitted to be used by ATM card holders of HPSCB is/are binding on me/us. I/We have agreed to the terms and conditions as may be stipulated by the bank from time to time.

()
Signature of Applicant-1

()
Signature of Applicant-2

()
Signature of Applicant-3

For Office use Only	
Dealing Officer/Official: <i>I have interviewed the applicant(s) and examined the authenticity and genuineness of the documents furnished by applicant(s).</i>	Authorized Officer :-
Name: Designation:	Name:
Full Signature	Designation:
Date:/...../.....	Full Signature
	Date:/...../.....

NOMINATION FORM*(Nomination under Banking Regulation Act, 1949 and Cooperative Banks (Nomination) Rules, 1985)*

I/We _____ 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 HPSCB.

_____ (Name and address of Branch Office in which the deposit is held)

Name of Nominee _____ Age _____ Relationship with Nominee _____

Address of nominee _____

If Nominee is a minor:-

As the nominee is a minor on this date, I/We appoint Mr/Ms/ _____ Age _____

Address _____

to receive the amount of the deposit on behalf of nominee in the event of my/our/minor's death during the minority of the nominee. (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.)

Date :- / /

(
Signature(s)/Thumb impression of depositor(s)

Witnessed by:-

(Signature(s) of the depositor(s) should be witnessed by one person; thumb impression (s) of depositor(s) should be witnessed by two persons.)

Name of Witness-1 _____ Name of Witness-2 _____

Address of Witness-1 _____ Address of Witness-2 _____

Signature of Witness-1 _____ Signature of Witness-2 _____

Nomination Registration No. _____ Dated: / /

Please ensure to obtain the acknowledgment of nomination.

Please tear here

Acknowledgment of Nomination

Mr/Ms _____, we acknowledge nomination made by you against

account No. _____ vide Nomination Registration No. _____

dated: / /

Branch Office _____

Date: / /

Signature of Branch Manager