The Rajlaxmi Bank
A KEY TO PROSPERITY

The Raj Laxmi Mahila Urban Co-op. Bank Ltd., Jaipur (Raj.)

OPENING FORM
FOR RESIDENT INDIVIDUAL/NON IND.
For Sole Proprietor/Trust/Firm/Corporate
(To be filled by applicant only)

Head Office /Main Branch : Deewan Chamber Nawab Sahib ki Haveli, Tripolia Bazar, Jaipur
Ph.: +91-141-2573236 E-mail : info@therajlaxmibank.com Website : therajlaxmibank.com

ACCOUNT NO._____ BRANCH_____

Customer ID : _____ MEMBERSHIP nO. _____

Please open my following account at your_____Branch

Product Type: ☐ Regular Saving ☐ Saving No firll ☐ Premium Saving ☐ Current ☐ Fixed Deposit ☐ Recuring Deposit
☐ Salary ☐ Others (.....)

APPLICANT INFORMATION

1st. Applicant Mr./Mrs./Ms.....First.....Middle.....Last.....
(Please Provide your customer ID if you are an existing customer) *PAN Date of Birth

2nd. Applicant Mr./Mrs./Ms.....First.....Middle.....Last.....
(Please Provide your customer ID if you are an existing customer) *PAN Date of Birth

3rd. Applicant Mr./Mrs./Ms.....First.....Middle.....Last.....
(Please Provide your customer ID if you are an existing customer) Customer ID *PAN Date of Birth

In Case of current Account
M / S ACCOUNT TITLE _____

If the firm has an existing account with The Raj Laxmi Mahila Urban Co-Op Bank Ltd. please quote the firm Customer ID
*** PAN card copy required if not, fill annexed form 60/61.**

FOR MINOR ACCOUNT (to be filled if the applicant in minor)

Name of the Parent/Natural Guardian .....

I hereby declare that the date of birth of the above minor is ..... who is my .....and I am his/her natural/lawful guardian appointed by the court order dated.....(copy enclosed). I shall represent the said minor on all the future transaction of any description in the above account until the said minor attains majority. I undertake to identify. The RajLaxmi Mahila Urban Co-Op Bank Ltd. against the claim of the above minor for any withdraw/transaction made in his/her account.

RESIDENCE ADDRESS			
	First Applicant	Second Applicant	Third Applicant
Flat No./ Plot Name			
Street/Road/Place			
City & Distt.			
State & Country			
Pin Code			
Mobile No./Phone No.			
E-mail			

Office : _____

_____ City :_____ Pin : _____ State : _____

Permanent Address : (If different from above) : _____

_____ City :_____ Pin : _____ State : _____

Tel. (With STD Code) Res.: _____ Office_____ Fax : _____ *Mobile _____

**E-mail ID : _____

Please send all communication to my ☐ Residence ☐ Office ☐ Permanent Address

Name of the Authorized Signatories/TRUSTEES

1. _____
2. _____
3. _____
4. _____

PAN

DOB

MODE OF OPERATION (Applicable for balance payment as well)

☐ Single ☐ Jointly ☐ Either/Anyone or Survivor ☐ As per resolution ☐ Other_____

PERSONAL DETAIL

Gender : ☐ Male ☐ Female ☐ Transgender

Marital Status : ☐ Single ☐ Married

Education: ☐ Illiterate ☐ Literate (under graduate, graduate, post graduate, professional)

Occupation : ☐ Salaried ☐ Self Employed ☐ Business ☐ Retired ☐ Agriculture ☐ Student ☐ House Wife ☐ Other (.....)

CONSTITUTION

☐ Sole Proprietorship ☐ Partnership Firm ☐ Hindu Undivided Family ☐ Trusts/Clubs

☐ society ☐ Public/Private Limited Company ☐ Banks/Mutual Funds/Insurance/Statutory Corporation

☐ Associations ☐ Non Profitable Organizations ☐ Limited Liability Partnership

Nature of Business ☐ Manufacturing ☐ Service Provider ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Trader ☐ Other (_____)

Details of Activity _____

Date of Incorporation : D D M M Y Y Y Y

Annual Income : ☐ Below Rs. 1,00,000 ☐ 1,00,000-3,00,000 ☐ 3,00,000-5,00,000 ☐ Above 5,00,000

Annual Turnover : In Rs_____ Threshold Limit _____

Risk Categarization zon ☐ Low ☐ Medium ☐ High

INITIAL PAYMENT

☐ Cash Rs. _____Rupees_____in words Date D D M M Y Y Y Y

☐ Cheque no. _____ Drawn on _____Bank for Rs. _____Rupees_____ (in words)

☐ Debit my existing A/c _____For Rs. _____Rupees_____

I have been informed that I need to maintain an average balance of Rs. _____ for the account type indicated above

PAN mandatory for deposit amount of Rs. 50,000/- & above.

_____

Signature

Rquest for Other Services (Wherever applicable)

Statement of Account	Pass Book	Cheque Book	SMS Alert
☐ Mail ☐ Collect PR.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Internet Banking ☐ ATM			

IN CASE OF FIXED DEPOSIT / RECURRING DEPOSIT

Customer ID No._____ Existing Bank Account Number (if any)_____

Certificate No._____

Type of Deposit : ☐ Fixed Deposit ☐ Recurring Deposit ☐ Reinvestment ☐ Other (Pls Sepcify)

Senior Citizen : ☐ Period of Deposit ☐☐ Year ☐☐ Months ☐☐☐☐ Days Rate of Interest: % p.a.

Mode of Operations : ☐ Single ☐ Jointly ☐ Either or survivor ☐ Other (_____)

Note : In Case applicant proposes to open a Joint FD Account and fails to specify of operation, the same shall be set as "Jointly"

Deposit Amount : Rs_____Rupees_____ In words

Tax to be deducted at source : ☐ Yes ☐ No (if no, submit form 15H/15G/Member)

Payment Mode and Details of Deposit : ☐ Cheque ☐ Cash ☐ Standing debit Instructions

Debit Instruction :

☐ Fixed Deposit : I/We authorize The RajLaxmi Mahila Urban Co-Op bank Ltd. to debit Rs._____from account No._____ to open a Fixed Deposit.

☐ Recurring Deposit : I/We Authorize The RajLaxmi Mahila Urban Co-Op Bank Ltd. to debit monthly installment of Rs_____from account No_____toward Recurring Deposit Installment.

I/We have been explained about the benefits of the nomination facility. I/We wish to ☐ I/We do not wish to ☐ appoint a nominee for this deposit. (Please fill up the Nomination DA1 form Separately)

DEPOSIT MATURITY INSTRUCTION

☐ Renew along with Interest for the same Period
☐ Renew Principal & remit interest by pay order & mail me/us at the mailing address.
☐ Remit proceeds by pay order to the mailing order
☐ Credit Proceeds to Existing Account type/Product Code_____
☐ A/c No_____
☐ Other (.....please specify.....)

INTEREST PAYMENT DETAILS

☐ Credit my/our A/c type_____A/c No._____ your Bank (Monthly at discounted rates /Quarterly)
☐ Issue Pay order/DD & Mail to me/us at the mailling address (Monthly at discounted rates/Quarterly)
☐ Reinvest with principal amount
☐ Other (.....please specify.....)

Declaration for partnership Firms (Tro be signed by Partners without rubber stamps)

We the undersigned, are carrying on business in partnership in the name and style of _____
We declare that we, the undersigned, arte partners of the firm. The Bank may recover its calims from the estate of any or all the partners of the firm.
We hereby undertake that we will not change or vary the constitution of the firm without your prior approval in writing and our individual responsibility to the Bank will continue untill we receive from the Bank an acknowledgment and until all our liablities with the Bank are discharged. The document and its contents submitted at the time of opening of this account are true and correct.
We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, Its customers or a third party or any claim or action brought by a third party which is in any way the results of availing of services by us under the above account title. We agree that all the information disclosed above is correct and agree to inform you of any change in the information provided in this form or in related documents.
We confirm having read and rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to phone Banking Debit Card, Doorstep Banking Anywhere Banking, Utilities Pay Facilities, Net Banking and Mobile Banking. We accept and agree to comply with the term & Conditions or any rules of the Bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same.
In the event of the death inslovency or withdrawal of any partner the surviving partner or partners shall have full control or any monies then thereafter standing to the firm's credit and securities Pledged, hypothecated or held in the firms account with you. It is understood that all monies now or hereafter standing to the credit of the account of the firm or scuriteis pledged and hypothecated or held in the account with you shall belong to the suriving partner in the event of any of us dying during the currency of the account it is further understood that if anyone of us forbids operation on the account (which is not payable to all the partners jointyly) the amount lying at credit shall not be payable except on the discharge of all the partners or the surviving partners as the case may be.
We authorized The partners as mentioned above to perate the account and confir that each of us will be jointly severally be bound by the transation and/any other acts done or authorized by these person in conduct of the said account.
We have furnished to the Bank a Power of Attomey in favor of authorize signatory (ies) mentioned above who is/are not partners of the firm.
We have read the dposit rules annexed to the account opening form and agree to abide by the same.

Plac : _____

Date : _____

_____ Signature _____ Signature _____ Signature

DECLARATION FOR SOLE PROPRIETORSHIP FIRMS

I refer to the account open by you in the name of M/s._____
_____ and declare as under.

I. The undersigned. am the sole proprietor of the firm and am solely responsible for the liability thereof, I shall advice you in writing of any change that takes place in the constitutions of the firm and I will be liable to you for any oblition which may be standing the firm's. Name in your books on date of receipts of such notice and until all such obligati hall have been liquidated.

I declare that I have an existing account with CA/CC No._____
with_____Bank in the name of _____for the last_____ years. I agree to indemnify and hold the Bank harmless in cas any lorsuffeired by the Bank, its customers or a third party of any and claim or action brought by a third party which is ijr-lnywaythe74ultS ofAvailing of, services by I agree that all the information disclosed in this d4ument iefic't and agree to inform you any enge in the information. provided in this form or in related documents. .1 I have furnished to the Bank the Power of Attoney authorizing the person(ls) as indicated herein before for operating account. I confirm having read the rules of the Bank regardinjeiftherscount as per deposit rules attached and this Citizens' Charter and Deposit policy of the Bank. I confirm having read the rules of the Bank regarding the conduct of th account and the rules and regulation pertaining to Phone Banking, Debit Card, Doorstep Banking, Anywhere Banking, Net Banking, Mobile Banking and Utilities Pay Facilities. I accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force time to time. I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by the same.

Yours Faithfully

Signature

DECLARATION OF HUF

As our HUF firm which is to open account with your Bank in the said name we beg to say that the first signatory to this letter, i.e., is the Karta of the joint family and others signatories and the adult co-parceners of the said family. We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefits of the entire body of co-parceners of the joint family. We all undertake that claims due Ito the Bank from the said family shall be recoverable personally from all or any of us and also for the entire family propertigrs of which the first signatory is the Karta, including the share of Minor Co-parceners. In view of the fact that ours is not a firM governed by the Ind' Act of 1952, we have not got our said firm registered under the said act. We hereby undertake to infor ank of the dea h or birth of Co-parceners of any change of occurring at any time in the membership of our joint family during the currency of the account

Name & Signature of Karta
1._____ sd/-_____

Name & Signature of Adult co-partners
1._____ sd/-_____
2._____ sd/-_____
3._____ sd/-_____
4._____ sd/-_____

Name & Date of Birth of Minor Co-partners
1._____
2._____
3._____

Declaration for Public/Private Ltd. Firm (to be submitted on letter head)

A Certified Copy each of the Memorandum &Articles of Association, Certificates of incorporation & Business and Board Resolution authorizing opening of the account and authorized signatories mentioned above to operate the account are sent herewith. Any change in future in the suthorized Signatories will be througy Board Resolution a certified copy of which will be provided to you along with the request in change of authorized signatories.

_____ Signature

Declaration for Trusts/Accociation/Societies/Clubs

The account will be operated by_____ who has/have been authorized by the Byelaws / Memorandum of Association /Articles of Associations / Trust Deed / and Resolution No._____dated_____of the Trustee/Director. A certified copy of the resolution signed by all Trestee / Director is attached herewith
A copy of the Byelaws/ Trust Deed / Memorandum of Association and Articles of Association dated _____duly certified is sent herewith. In future if any changes is required in th name of operators of the account, it will be effected by a Resolution of the Board of Trustees and you will be informed a accordingly in writing by all the Trustees and you will allow such person to operate upon the account. We agree to comply with and be bound by Bank's rules now and from time to time in force or thee cincluct of such accounts. We have received oeoosrt rules and annexed to this account opening fo-,. s-.: abide the same.

We certify that this is the only FCRA Account opened and held by the Trust and that the 'Foreign contribution received by the Trust will be strictly in accordance with FCRA Act & Rules.

FOR RAJLAXMI SALARY (Applicable for Corporate Salary A/c Holder)

We confirm the identity, occupation, address and signature of our employee_____as mentioned in the form

Name of the Corporate : _____ Name of Authorized Signatory : _____

Address : _____

_____ City : _____ Pin : _____ State _____

Designation _____ Employee No.

Date : _____

..... Signature with Company Stamp

INTRODUCTION BY EXISTING ACCOUNT HOLDER

Name:____________________ A/c Type Code____________________ Account No: ____________________ Date of Introduction : ____________

I Confirm having an account with The RajLaxmi Mahila Urban Co-Op Bank Ltd. for more than six months. I Presonally know the applicant(s) due to my acquaintance as ☐ Relative ☐ Spouse ☐ Friend ☐ Colleague ☐ Other (____________________)

Signature Verified by Branch Official :

....
Signature of the introducer

MY FAMILY& ME

Name of Spouse Mr/Ms. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth spouse ☐☐☐☐☐☐☐☐ Marriage anniversary : ☐☐☐☐☐☐☐☐

Other date important to me : 1 Occasion ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date ☐☐☐☐☐☐☐☐

: 2 Occasion ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date

Details of Children :

	M/F/T	DOB	Marital Status (M/S/O)
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐☐☐☐☐☐☐	☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐	D ☐☐☐☐☐☐☐	☐

FORM NO. 60

{See second provision to rule 114b}

Form of declaration to be filed by a person who does not have a permanent account number and who enters in to any transaction specified in rule 114B

1. Full Name and address of the declarant..

....

2. Particulars of transaction..
3. Amount of the Transaction..
4. Are you assessed to tax ? YES NO
5. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed..

   (ii) Reasons for not having permanent account number..................
6. Details of the document being produced in support of address in column (1)

FORM NO. 61

{See second provision to cause (a) of rule 114C(1)}

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B

1. Full Name and address of the declarant..

....

2. Particulars of transaction..
3. Details of the document being produced in support of. address in column (1) YES NO

I hereby declare that my source of income is from agriculture and I am not required to by income-tax on any other income, if any.

Date________________ ....

VERIFICATION (To be filed along with form 60/61)

I. ____________________________________ do hereby declare that what is stated above is true to the best of my knowledge and belief, Verified today, the________________ day of ____________________ place : ________________ Date________________

____
Signature of the declarant

I/we have read understood The Rajlaxmi Mahila Urban Co-Op Bank Ltd. Terms & Condition copy of which I am in possession of I/We accept and agree to be bound by the said Terms & Condition, Including those excluding/limiting your liability . I/We agree that the bank may debit my/our account for service charges as applicable from time to time.

please paste PHOTOGRAPH here	Name ..... Customer Id.....	please paste PHOTOGRAPH here	Name ..... Customer Id.....
please paste PHOTOGRAPH here	Name ..... Customer Id.....	please paste PHOTOGRAPH here	Name ..... Customer Id.....

DECLARATION

SAVINGS BANK RULES

1. SB accounts may be opened for the purpose of savings and not for doing any business transactions. The object of the savings bank account is to encourage private individuals to deposit their savings with the bank, allowing them interest on the sums so deposited and at the same time permitting the facility of certain limited withdrawals on demand. Hence firms/companies are not allowed to open SB account. Transactions of commercial nature are not permitted. If the Bank at any stage finds that the Savings Bank Account is being used either for the purpose for which it is not allowed or for the purpose of youting transactions which are dubious or undesirable, the Bank reserves the right to close such Savings Bank Account.
2. A minimum balance shall always be maintained in the account. Non-maintenance of minimum balance will attract charges as prescribed from time to time.
3. Applicable charge for closure of the account from time to time would be collected..
4. Interest is calculated on the balance maintained in the SB account on daily balance method and credited to the account on last working day of every March anc September. The rate of interest payable is subject to the directives that may be issued by RBI from time to time.
5. As per extant Reserve Bank of India (RBI) guidelines, an account would be treated as inoperative/dormant if there are no customer induced transactions in the account fo over a period of two years. Operation in such inoperative accounts would be resumed / restarted /allowed after obtaining the revised KYC document as per the e 'tan guidelines of the Bank.
6. The Bank reserves the right to alter service charges for which the customer will be.duly notified through Bank's website and/or branch notice board. Any changes in hi schedule of charges or the terms and conditions will be communicated to the customers 30 days in advance. During the notice period, the charges for facilities would b. the same as applicable prior to the notice period.

CURRENT ACCOUNT RULES

1. Current accounts are meant for customers who have to carry out business and/or large number of transactions in the account every day.
2. There are no restrictions on the number of transactions in current accounts.
3. No interest is paid on the balances in current accounts,
4. Free Facilities would vary every month based on Monthly Average balance (MAB) maintained during the previous/current month.

RETAILS TERMS OF DEPOSIT RULES

1. No Interest is paid if the deposit is held for the tenure of below 7 days, the minimum period for Term Deposits as per RBI guidlines.
2. Interest rates applied to your FD will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts.
3. Interest on prematurely/Partially withdrawn/Sweep-in deposits shall be paid at the rate applicable to the amount and period for which the deposit remained with the Bank (and not the contracted rate), less penalty of 1%. 4. Premature/Partial withdrawal /Sweep-in is not permitted for non-Callable deposits.

First Applicant | Second Applicant | Third Applicant

DOCUMENTS REQUIRED

Mandatory :

- Two Photograph (latest)
- PAN card or in absence thereof, declarations in Form No. 60/61
- Existence proof
- Address Proof of the entity if different from Registered Address.
- Any one document for proof of identity (refer list for acceptable documents)
- Any one document for address proof (refer list for acceptable documents) .

Identity Proof can be taken* :

- PAN Card
- Passport
- Driving Licence
- Voter's/Electrion Identity Card
- Photo Credit/Debit Card
- Bank Passbook from another bank with attested Photograph
- Letter of introduction from another bank
- Latter of Identity confirmation from Gazetted officer/Public figure
- Employer/School photo ID Card with attested photograph
- Aadhar Card

Address Proof can be taken * :

- Passport
- Voter's/Election Identity card
- Driving Licence
- Municipal Tax receipt
- Ration Card with Phtotograph
- Life Insurance Policy accompanied by premium receipt
- Latest utility bills (Electricity, Water Telephone, Post paid Mobile Gas Connection)

Existence Proof : (Limited companies/Pvt. Ltd. Companies/Trust/Partnership/Associations/Clubs/Proprietorship) as applicable

- Certificate of commencement of business
- Certificate of incorporation
- Registered Partnership Deed
- Registration Certificate of Entity
- Any Utility bill in name of the Entity
- Shop and Establishment License/Sales Tax Registration
- Any other Registration with local trade/goverming bodies

* Please ensure that all mandatary fields have been filled correctly else the form in liable to be rejected.

FOR BANK USE ONLY

Customer ID No. _____ A/c Type /Code _____ A/C No _____

Branch Code : _____ Product Code : _____
(Where Account to be opened)

Branch Code :_____ Dept. Code:_____ Supervisor Code:_____
(Where Account is soureced)

Relevant Information : _____

_____

_____

Signature of Officer

Documents completed and form submitted on.....
Account opening form scrutinized and found to be in order, Documents seen & Verified with originals
Signature of Bank Officer: .....

Account opened by ..... Signature.....
Verified/Approved by ..... Signature.....
If rejected, reason for rejection.....

I have checked and verified the account opening form and certify verification of the documents with the original.

Branch Head