फार्म सं. / FORM NO. 60

Form of Declaration to be filled in by a person who does not have either a Permanent Account Number of General Index Register No. and who makes payment in cash in respect of transaction specified in clauses (a) to (h) or rule 114B 1. Full Name and address of the declarant ___ Particulars of transaction _ Amount of transaction Are you assessed to tax YES / NO 5. If ves. Details of Ward / Circle / Range where the last return of Income was filed? Reasons for not having permanent account number / General Index Register Number? (b) 6. Details of the document being produced in support of address in column (1) Verification: I, Mr. / Mrs. / Miss do hereby declare that what is stated above is true to the best of my knowledge and belief. __day of___ Signature of the declerant Date : Place: **Instructions:** Documents which can be produced in support of the address are: (a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any institution (e) copy of the Electricity Bill showing residential address (f) Any document of communication issued by any authority of Central Govt. State Govt. or Local Bodies showing residential address (g) any other documentary evidance in support of residential addresses. फार्म डीए-1 / FORM NO. DA-1 Nomination under section 45ZA of the Banking Regulation Act 1949 and 2 (1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank deposits I/We (Name and Address) nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by Indraprastha Sehkari Bank Ltd. _ Deposit Nominee Distinguishing Relationship If Nominee is a Minor Nature of Additional Deposit details, if any with depositor his / her date of birth As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _ (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. Date : Place : Signature, Name and Address of Witness(es)* Signature(s) / Thumb Impression(s) of Depositors(s) Thumb impression(s) shall be attested by two witnesses. नामांकन अपेक्षित नहीं Do not require nomination पास बुक / जमा रसीद पर कृपया नामांकन का उल्लेख न करें Please do not indicate the nomination on the pass book / deposit receipt FOR OFFICE USE ONLY नामांकन पंजीकरण नं. दिनांक / Date Nomination Registration No.

Signature of Bank Official

इन्द्रप्रस्थ सहकारी बैंक लिमिटेड INDRAPRASTHA SEHKARI BANK LTD. पंजीकृत कार्यालय: ए-101, वजीरपुर ग्रुप औद्योगिक क्षेत्र, दिल्ली-110052

इन्द्रप्रस्थ सहकारी बैंक लिमिटेड		जोखिम श्रेणी / Risk Category		
INDRAPRASTHA SEHKARI BANK LTD.	Date of Review			
पंजीकृत कार्यालय: ए-101, वजीरपुर ग्रुप औद्योगिक क्षेत्र, दिल्ली-110052	Risk Category			
Regd. Off.: A-101, WAZIRPUR GROUP INDUSTRIAL AREA, Delhi - 110052				

जमा खाता खोलने का फार्म / DEPOSIT ACCOUNT OPENING FORM

	या / A/C No. बचत/मियादी /3 SB/TD/RE	Customer ib No.				
मैं / हम आपसे एक खाता (अधोअंकित '✔') मेरे / हमारे नाम से खोलने हेतु अनुरोध करता हूँ / करते हैं जिस हेतु मैं/हम रू						
बचत बैंक खाता / SAVING BANK ACCOUNT चैक बुक के साथ / With Cheque Book चैक बुक के बिना / without Cheque Book BASIC SAVING BANK DEPOSIT ACCOUNT	मियादी जमा (स्पष्ट करें) TERM DEPOSIT (Specify) जमा राशि / Amount of Deposit Rs	आवर्ती जमा खाता RECURRING DEPOSIT मासिक किस्त रू. Monthly Instalment Rs. जमा की अवधि / Period of Deposit				
जमाकत्ताओं का पूरा नाम / Full Name of Depositors : (1)						

Signature of Depositor(s)

FOR BANK'S USE ONLY			परिचय/ INTRODUCTION		
परिचायक का हस्ताक्षर एवं प्रदत्त अन्य	खা	 ता खोलें	मैं आवेदक को व्यक्तिगत	तौर परवर्षों से	
ब्यौरों का सत्यापन किया गया।	Open Account		जानता/जानती हूँ तथा उनके पते तथा व्यवसाय की पुषि		
Verified Introducer's Signature & Other	I MINGH AMI / HISK Category I		करता/करती हूँ। मैं बैंक से सि	फारिश करता/करती हूँ कि वे	
particulars mentioned herein			इनका खाता खोलने पर विचार करें।		
			I know the applicant's personally year/s and confirm his/her/their or in the application. I recommend open the Account.	ccupation and address as stated	
सत्यापनकर्त्ता अधिकारी का नाम एवं हस्ताक्षर	प्राधिकृत हस्ताक्षर	कर्त्ता नाम एवं हस्ताक्षर			
Verified Introducer's Signature & Other	'		नाम / Name :		
			पता / Address:		
	दिनांक	हस्ताक्षर			
	Date	Signature	पिन/	PIN	
ग्राहक को प्रेषित धन्यवाद पत्र					
Letter of thanks sent to customer			खाता सं./ A/c No.:		
परिचायक को धन्यवाद पत्र				परिचायक के हस्ताक्षर	
Letter of thanks sent to Introducer				Signature of Introducer	

आवेदक का विवरण / PARTICULARS OF APPLICANT

1.	पूरा नाम / Full Name (श्री/श्रीमती/कु. Mr./Mrs./Miss)		(i)	
	(स्पष्ट अक्षरो में / BLOCK LETTERS)			Latest
				Photo to
				be
		CENDED · MAI	E / FEMALE / TRANSGENDER	· affixed
	पति/पत्नी का नाम Husband's/Wife Name	GLNDLN . WAL	E/TEMALE/TRANSGENDER	
•	In case of Married Customer			
	पिता का नाम Father's Name			
١.	माता का नाम Mother's Name			
	जन्म तिथि Date of Birth / राष्ट्रीयता / Nationality			
٠.	व्यवसाय / Occupation			
' .	पद एवं नियोक्ता का नाम एंव पता / व्यवसाय का नाम व पता Designation and Employer's name & address, if in service or business name if in business			
•	मतदाता पहचान पत्र सं. / पासपोर्ट नं. Voter ID No. / Passport No.			
).	घर का पता / Residential Address			
	टेलीफोन नं. / Phone No.			
_		Tel. No. (R).	(M)	
0.	पैन/जी.आई.आर सं. (यदि आबंटन न हुआ हो, तो फार्म 60/61 सलंग्न करें PAN / GIR No. (If not allotted, enclose from 60/61			
1.	आधार नं. / Aadhar No. (UID)			
2.	वार्षिक आय / Annual Income Rs.			
3.	कुल मूल्य / Net Worth Rs.			
4.	हमारे बैंक का खाता सं. (यदि हो) A/c No. with us (if any)			
5.	ई–मेल / E-mail ID :			
CK.	YC No			
				Signature
	Application in cas	e of Term I	Deposit	
	Auto renewal on maturity: I/we hereby declare that the term deposityears with/without interest, unless you received any other of			months/
_				gnature of Depositor/s
•	tional declaration/Mandate for Premature with		•	
a)	We hereby declare that bank, on written request from Shri / Ms of us or either or survivor of us, or Any one or Survivors or Survivor of us as Bank may stipulate, (a) grant loan / advance against the security of permature payments of the proceeds of the deposits, to the within named person shall be a valid discharge / receipt for all moneys payable unde executors, nominee etc.	s may in its absolut f above Term Dep I person and also c	e discretion and subject to any so osit Receipt to be issued in ou leclare that any discharge / instru	such terms and conditions r joint names or (b) make uction or receipt of the said
0)	We the joint account holders of Either or Survivor or Former or Survivor a payment of the proceeds of the deposit may be made to the surviving deholder & the payment to be made to the surviving depositor shall be a vi	epositor without se	eking concurrence of the legal I	heirs of the deceased joint
	Declaration in case	of a minor s		Signature of Depositor/s
her	eby declare that the date of birth of minor is			I am his/her natural guard-
f ar	awful guardian appointed vide court order dated by description in the above account untill the said minor attains majority. I sactions made by me in his/her account.		•	
			Signature / Thumb Impressio	n of Customer/Guardian
	Basic Savings Ban	-		
	eby declare that I/We are not having any other saving bank deposit acco Basic Savings Bank Account scheme, Indraprastha Sehkari Bank Ltd. ha			requirements specified in
			;	Signature of Depositor/s

आवेदक का विवरण / PARTICULARS OF APPLICANT

	(ii)			(iii)	
	LE / FEMALE / TRANSGENDER	Latest Photo to be affixed		LE / FEMALE / TRANSGENDER	Latest Photo to be affixed
Tel. No. (R)(M)(M)					
CKYC No			CKYC No		
		Signature			Signature
DECLARATION (Please fill in for HUF) As our HUF firm wishes to open an account with your bank in the said name					
	e of Adult Co-parceners	Sd/		of Birth of Minor Co-perceners	
					OB
				_	OB OB
				D	
मैं / हम समय-समय पर परिचालितखातों से संबंधित बैंक के नियमों एवं विनियमों का पालन करूँगा/करूँगी/करेंगे। खाते में मैं/हम न्यूनतम जमाशेष का निर्वाह करूँगा/करूँगी/करेंगे और न्यूनतम जमाशेष नीचे आ जाने की स्थिति में बैंक सेवा प्रभार वसूल कर सकता है। I/We agree to be bound by the Banks's rules and regulations governing					
	पूरा नाम / Full	Name		नमूना हस्ताक्षर / Specim	en Signature
1.				1.	
2.				2.	
3.				3.	