

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

- Full Name and address of the declarant _____
- Particulars of transaction _____
- Amount of transaction _____
- Are you assessed to tax _____ YES / NO
- If yes,
 - _____ Details of Ward / Circle / Range where the last return of Income was filed?
 - _____ Reasons for not having permanent account number / General Index Register Number?
- 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.

Verified today, the _____ day of _____ 20_____

Signature of the declarant

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 evidence 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 Sehkar Bank Ltd. _____ Branch

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional details, if any	Name	Address	Relationship with depositor	Age	If Nominee is a Minor 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 Depositor(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
Regd. Off.: A-101, WAZIRPUR GROUP INDUSTRIAL AREA, Delhi - 110052

जोखिम श्रेणी / Risk Category		
Date of Review		
Risk Category		

जमा खाता खोलने का फार्म / DEPOSIT ACCOUNT OPENING FORM

शाखा / BRANCH	खाता संख्या / A/C No.	बचत/मियादी /आवर्ती/ SB/TD/RD	Customer ID No.					

मैं / हम आपसे एक खाता (अधोअंकित '✓') मेरे / हमारे नाम से खोलने हेतु अनुरोध करता हूँ / करते हैं जिस हेतु मैं/हम रु.....(रूपये.....) की आरंभिक राशि जमा करता हूँ / करते हैं।

I / We request you to open an ACCOUNT (Marked '✓' below) in my / our names with you for which I / We initially deposit Rs.(Rupees.....)

बचत बैंक खाता / SAVING BANK ACCOUNT चैक बुक के साथ / With Cheque Book <input type="checkbox"/> चैक बुक के बिना / without Cheque Book <input type="checkbox"/> BASIC SAVING BANK DEPOSIT ACCOUNT <input type="checkbox"/>	मियादी जमा (स्पष्ट करें) TERM DEPOSIT (Specify) <input type="checkbox"/> जमा राशि / Amount of Deposit Rs. दिन / Days अवधि/ (Period).....माह/ (Months)	आवर्ती जमा खाता RECURRING DEPOSIT <input type="checkbox"/> मासिक किस्त रु. Monthly Instalment Rs. जमा की अवधि / Period of Deposit.....
---	--	--

जमाकर्ताओं का पूरा नाम / Full Name of Depositors : (1) (2)

(in BLOCK LETTERS) (3)

खाता खोलने का उद्देश्य / Purpose of the Account :.....धन का स्रोत / Sources of Funds :.....

परिचालन की विधि / Mode of Operation

(लागू खाने में '✓' लगायें) / (Put '✓' on applicable box)

मुझे / Me किसी एक या उत्तराजीवी / Either / Anyone or Survivors हम सभी को / Jointly by us पहला या उत्तराजीवी / Former or Survivors अन्य (स्पष्ट करें) / Others (Specify)

Signature of Depositor(s)

FOR BANK'S USE ONLY		परिचय/ INTRODUCTION
परिचायक का हस्ताक्षर एवं प्रदत्त अन्य ब्यौरों का सत्यापन किया गया। Verified Introducer's Signature & Other particulars mentioned herein	खाता खोलें Open Account जोखिम श्रेणी / Risk Category	मैं आवेदक को व्यक्तिगत तौर परवर्षों से जानता/जानती हूँ तथा उनके पते तथा व्यवसाय की पुष्टि करता/करती हूँ। मैं बैंक से सिफारिश करता/करती हूँ कि वे इनका खाता खोलने पर विचार करें। I know the applicant's personally for a period of..... year/s and confirm his/her/their occupation and address as stated in the application. I recommend that the Bank may consider to open the Account.
सत्यापनकर्ता अधिकारी का नाम एवं हस्ताक्षर Verified Introducer's Signature & Other	प्राधिकृत हस्ताक्षरकर्ता नाम एवं हस्ताक्षर Authorised Signatory Name & Signature	नाम / Name :..... पता / Address:.....पिन/ PIN [] [] [] [] []
ग्राहक को प्रेषित धन्यवाद पत्र Letter of thanks sent to customer	दिनांक Date	खाता सं./ A/c No.:
परिचायक को धन्यवाद पत्र Letter of thanks sent to Introducer	हस्ताक्षर Signature	परिचायक के हस्ताक्षर Signature of Introducer

