

# The Accountant General's Office Employees Co-operative Bank Limited

Park House Road, Bangalore-560 001. Phone: 080-22265658, 22375430, E-mail : agoecb@yahoo.co.in

## CUSTOMER'S INFORMATION

Please fill the details in CAPITAL LETTERS and in BLACK INK PEN only

Customer Code	:	<input type="text"/>	S.B. Account No.	:	<input type="text"/>		
Name of the Customer	:	<input type="text"/>					
Designation	:	<input type="text"/>					
Office Address	:	<input type="text"/>					
		<input type="text"/>					
		<input type="text"/>					
		City <input type="text"/>					
		Pin Code <input type="text"/>					
Father/Spouse Name	:	<input type="text"/>					
Date of Birth	:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(DD/MM/YYYY)
PAN Number	:	<input type="text"/>					
AAdhar Number	:	<input type="text"/>					
Residential Address	:	<input type="text"/>					
		<input type="text"/>					
		<input type="text"/>					
		City <input type="text"/>					
		Pin Code <input type="text"/>					
Contact Number	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile Number	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
E-mail	:	<input type="text"/>					
Affix your latest Passport Size Photograph here	<b>Specimen Signatures</b>						
	1. <input style="width: 100%;" type="text"/>						
	2. <input style="width: 100%;" type="text"/>						
	3. <input style="width: 100%;" type="text"/>						

### Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I / We \_\_\_\_\_ nominate the following person, to whom, in the event of my/our/minor's death, the amount of the deposits may be returned.

Nominee	:	<input type="text"/>
Relationship	:	<input type="text"/>
Age & Date of Birth	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	:	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		City <input type="text"/>
		Pin Code <input type="text"/>

As the nominee is a minor on this date, I/We appoint Shri/Smt. \_\_\_\_\_  
 age \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ to receive the amount of the  
 deposits on behalf of the nominee in the event of my/our/minors's death during the minority of the nominee.

Date :- \_\_\_\_\_ Signature of the depositor(s)

### DECLARATION BY INDIVIDUALS

1. I hereby confirm my current address and office address as mentioned overleaf and am attaching a self attested copy of the PAN Card, Photo ID and Address proff.
2. I also confirm that the attached copies of identification documents are presently valid.
3. I will notify the bank, as and when there is a change in my residence/office address, by giving a request along with required documents.

Date :- \_\_\_\_\_ Signature of the Member/Customer

### Documents to be produced

1. Self attested copy of the PAN Card
2. Self attested copy of the Photo ID Proof - any one (Please tick as appropriate)
 

<input type="checkbox"/> Govt. I.D. Card	<input type="checkbox"/> Voter's I.D. Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Self Photo Ration Card	<input type="checkbox"/> Aadhar Card
3. Self attested copy of the Address Proff - any one (Please tick as appropriate)
 

<input type="checkbox"/> Same as above I.D. Proff	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/> Latest Telephone/Mobile Bill
<input type="checkbox"/> Latest Property Tax Receipt	<input type="checkbox"/> Latest Water Bill	