

HO: Thrikkakara, Kakkanad, Kochi- 682030. www.edcbank.com Tel: 0484-2424549, 2424613 Fax: 0484-2424584 E-Mail: mail@edcbank.com

Branch Id	Branch Name	Date (DD MM YYYY)

Section (A): Type of Account

SB	CD	FD	CTD	RD	Scheme Name	Scheme Code
Initial Deposit Amount: [Rs.]		Period: [Years]	[Months]	[Days]	Interest%	Periodicity of Interest: [specify M/Q/H/Y for Monthly/ Quarterly / Half-yearly/ Yearly]

Section (B): Instructions

Constitution: Minor Trust HUF Partnership Others [specify below]

Individual Society Local Body Company Proprietorship

Mode of Operation: Either or S Latter or Survivor Any Two jointly Others, [specify below]

Single Joint F or S Anyone or Survivor All of Us/Survivors

Purpose of Account: Savings/Investments Loan Repay Collect Funds Others:

Credit FD Interest to: Bank A/c DD RTGS ECS

on the periodicity of : Monthly (discounted rate) Quarterly Half-yearly Yearly Maturity

A/c No: IFS Code:

Bank: Branch: Place:

Favoring:

Facilities availed: Internet Banking Mobile Banking IMPS SMS Banking/Alert

Nomination availed ATM Card Mobile Passbook [specify Mobile No:]

Email Alerts [Email-Id:]

Income Tax: Tax exempted [if ✓ provide document as:] 15G 15H Certificate PAN:

Deduct TDS [if PAN not provided , TAX at higher rate will be deducted] from the A/c:

Section (C): Declaration by Applicant(s)

Name of Account:

Total No of Applicants: (for each joint applicant, separate KYC form needs to be filled and attached with this form)

Please open a deposit account in my/our name(s) as per the information provided above. I/We agree to abide by the RBI directives and Bank's rules and regulations which have been read/ explained to me/us, regarding the conduct of the account as well other rules governing the scheme in force, from time to time.

Section (D): Photo and Signature of the Applicant

/and *Joint Applicant

Account No:

Serial No and Name of the Applicant:

1

Customer-ID: (Put Signature in each box below)

Recent Photograph of Applicant

Serial No and Name of the (Joint) Applicant:

2

Customer-ID: (Put Signature in each box below)

Recent Photograph of Joint Applicant

Name and Signature of more Joint Applicants:

Sr.No. Name of Joint Applicant (s) Signature

3

5

Sr.No. Name of Joint Applicant (s) Signature

4

6

Section (E): Introduced by

I, confirm that the applicant(s) are known to me personally.

Introducer's Name: Customer-ID:

Address: A/c No:

Date: Phone: Signature :

Section (F): Nomination Form DA-1

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

(1)
I/ We, (names and addresses)

nominate the following persons to whom, in the event of my/our/minor's death, the amount of the deposit having particulars where of are given below, may be returned by the Ernakulam District Co-operative Bank Ltd, (Branch)

Details of Deposits			Nominee			
Nature of Deposit	Deposit Distinguishing No	Additional details if any	Name of Nominee	Address	Relationship with the Depositor, if any	If nominee is a *minor, date of birth and age

(2)
and I/ We, appoint (names and addresses) 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.

Place: Name & Signature/Left thumb impression of depositor(s)
Date: 1.
Name & Signature/Left thumb impression of witness(es) 2.
1. 3.
2. 4.

(NB: *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. **Thump impression should be attested by two witnesses and Manager/Asst.manager. Nomination can be registered only in the name of one person)

Nomination Registration No Date:

Section (G): Declaration by *Guardian (for Accounts in the name of Minor)

I hereby certify that(name of minor) was born on and attains majority on and I am the natural guardian/legal guardian appointed by the court order dated

..... (Name of *Guardian) (Relationship with Minor) (Signature of Guardian)

*Guardian should submit KYC document.

Section (H): Verification (for Office use only)

A/c Opened Signature uploaded KYC form(s) collected Supporting Documents collected Data Verified
[If rejected, specify reason:]

Date: Clerk: Accountant: Manager:

Section(H): Declaration by Applicant

I hereby declare and confirm that all information furnished in the Account Opening form and all supporting documents including KYC form are true to the best of my knowledge.

Place:

Date:

Signature:

Section(I): KYC Checklist and Verification (to be filled/checked in by the Bank Branch Officer)

<input type="checkbox"/> Salaried Employee/ Salaried Professional	[Individuals]
<input type="checkbox"/> Having low turnover of Rs. One lakh per year	
<input type="checkbox"/> Self Employed Personal	
<input type="checkbox"/> Politically Exposed Person	
<input type="checkbox"/> Belongs to lower economic strata	
<input type="checkbox"/> High Net-worth Individual	
<input type="checkbox"/> NRI Account	
<input type="checkbox"/> Non-Face-to-Face customer	
<input type="checkbox"/> Face-to-Face customer	
<input type="checkbox"/> Businessman/trader whose activities are well defined	[Businessmen]
<input type="checkbox"/> Businessman/trader whose activities are NOT well defined	
<input type="checkbox"/> Businessman with one month transaction exceeds Rs.10 Lacs	
<input type="checkbox"/> Businessman with one month transaction NOT exceeds Rs.10 Lacs	
<input type="checkbox"/> Antique Dealer	
<input type="checkbox"/> Accounts transactions commensurate with business transactions.	
<input type="checkbox"/> Arms Dealer Society registered under KCS Ac	
<input type="checkbox"/> Society registered under KCS Act.	[Societies/Companies]
<input type="checkbox"/> Regulator/Statutory Body	
<input type="checkbox"/> NGO and Other organisations receiving donations from abroad	
<input type="checkbox"/> Company having close family share holding or Beneficial Ownership	
<input type="checkbox"/> Private Companies and firms	
<input type="checkbox"/> Trust/ Charities	
<input type="checkbox"/> Overseas corporate bodies	
<input type="checkbox"/> Govt./Govt owned company/ local body	
<input type="checkbox"/> Firms with Sleeping Partners	
<input type="checkbox"/> With dubious reputation as per available public information	[General]
<input type="checkbox"/> Frequent High volume transaction in CTR report	
<input type="checkbox"/> With Fair Transaction	
<input type="checkbox"/> Having source funds are not clear	
<input type="checkbox"/> Having source funds are clear	

Date:

Clerk:

Accountant:

Manager:

KYC reviewed dates:								
Risk Rating [L/M/H]:								
Reviewer's Initials:								

Guidelines

All information should be filled in Capital letters as each letter in each column. Wherever the tick boxes () are provided, please put ✓ (tick) in the appropriate box(s) only. For Joint Accounts, separate KYC form needs to be filled and attached with this form for each of the Joint Applicant(s). Photo & Signature of First Applicant and 1st Joint Applicant can be provided and scanned from within the First Page of Account Opening Form (Page-1) itself; and for others it should be provided and scanned from within the respective KYC form(s).