



THE TAMIL NADU STATE APEX COOPERATIVE BANK LTD.

Old No: 233, New No: 4, NSC BOSE ROAD, CHENNAI 600 001

TEL: 2530 2300; 2530 2333 FAX: 044-25340508.

Email: tnsbank@vsnl.com, ebk@tnscbank.com

Web: www.tnscbank.com Web: www.tnscbank.net

Customer ID		Recent Stamp Size Photo (4 c.m. x 4 c.m.) to be affixed along with signature	Recent Stamp Size Photo (4 c.m. x 4 c.m.) to be affixed along with signature
Account Number			

APPLICATION FORM FOR OPENING CURRENT ACCOUNT

Date: 31.10.2011

We request the bank to open Current Account as per details given below.

Name of the cooperative Institution	Karaimedu Primary Agricultural Cooperative Credit Society Ltd
Amount Remitted	Rs. 500/=
Mode of Operation	Jointly
PAN/GIR Number (if PAN is available enclose attested copy)	AAASS4444H
Address for Communication (Furnish full details with Pin code)	Karaimedu XXXXXXXX PO Cuddalore T.K Pin : _____
Name of the Block	XXXXXXX
Name of the Taluk/Region	XXXXXXX
Name of the District	Cuddalore
Name of the DCCB Affiliated	Cuddalore DCCB
Telephone No. with STD Code No.	0413-12345678
Fax No. (if any)	0413-12345679
Email Address	Karaimedu@yahoo.co.in
Details of other bank accounts with credit facilities if any	-----

Name of the Officials authorized to operate the Account	Name	XXXXXXXXXXXXXXXXXXXX
	Designation	Asst.Secretary
	Mobile No.	77777777
	Email Id.	xxxxxxx@yahoo.co.in
	Name	XXXXXXXXXXXXXXXXXXXX
	Designation	Secretary
	Mobile No.	66666666
	Email Id.	xxxxxxx@yahoo.co.in

DECLARATION

We understand the rules and regulations governing the account opening and this Current Account is intended for Net Banking Transactions and undertakes to maintain sufficient balance to meet our financial obligations.

We also undertake to inform the changes in the Operational Mandate.

The Specimen Signatures of the authorized Officials.

Authorised Signatory- I	1.Sd/ _____ 2. Sd/ _____ (Name: XXXXXXXXXXXXXXXXXXXX)
Authorised Signatory -II	1.Sd/ _____ 2. Sd/ _____ (Name: XXXXXXXXXXXXXXXXXXXX)

Sd/ _____

SIGNATURE OF THE APPLICANT
XXXXXXXXXXXXXXXXXXXX

Name with official seal

(To be signed by authorised person nominated by the resolution of the board of management to deal with the Bank and not the authorised signatories operating the internet banking operations)

Recommendation of the DISTRICT CENTRAL COOPERATIVE BANK

Verified the application and found in order. Recommended to open the Account.

XXXXXXXXXXXXXXXXXXXX

Name with official seal - Branch Manager
in which the PACS having Current Account

Sd/ _____
Authorised Officer.

FORM NO.60

(As per Income Tax Act, 1961 for those who do not have PAN/GIR)

1.	Name of the Institution	Karaimedu Primary Agricultural Cooperative Credit Society Ltd
2.	Particulars of Transactions	Opening of the Account
3.	Amount of Transaction	Rs.500/=
4.	Are you assessed to Tax	Yes/No.
5.	If Yes: a) Details of Ward /Circle /Range where the last return of Income Tax was filed?	
	If No: b) Reasons for not having PAN/GIR	

We Karaimedu Primary Agricultural Cooperative Credit Society Ltd do hereby declare that what is stated above is true to the best of our knowledge and belief.

Sd/ _____

SIGNATURE OF THE APPLICANT

Name with official seal

(To be signed by authorised person nominated by the resolution of the board of management to deal with the Bank and not the authorised signatories operating the internet banking operations)

FOR Bank's USE

Verified the application and found in order. Account may be opened.
Authorised Officer.
A/c. Opened on:
A/c. Opened by:

TERMS AND CONDITIONS

1. **ACCOUNT OPENING:** Account will be opened on submission of proper application duly filled along with list of authorised persons and their Photographs.
2. **DOCUMENTS:** Copy of the Registration Certificate, Board Resolution to open the Account.
3. **INTEREST:** No interest will be paid on the credit balances in the Current Accounts.
4. **LIEN:** The Bank reserves the right to set off all the credit balances against the dues.
5. **MANDATE:** A fresh mandate has to be submitted in case of operational changes.