ACCOUNT OPEN FORM INDIVIDUALS

| Account Number | | | | | (| Custor | ner ID | | | |
|---|--|----------------------|--------------|---------------------------------|----------------|--------------------|----------|-----------------------------|------------|-----------------|
| Saving Current | | Basic Savin Staff | ng (Zero Ba | alance) | | Minor | Saving | Schen | ne (MSS) |) |
| Quarterly Short Terr | Deposit Scheme Deposit Scheme (Deposit (STD) Yes No | | | Konark I Monthly Recurrin | Depos g Dep | sit Sch osit (R | eme (ND) | IIC) | attached) | |
| Initial Payment | Cash | Cheque | Transfe | r (Cheq | ue & T | Fransfe | er only | for Ter | m Depos | it) |
| Cheque No | /- (Ri/- (Ri/- Cheque D | ate : | | Drawı | n on _ | | | | | y) _ _ |
| Applicant 1st Applicant 2nd Applicant 3rd Applicant Guardian Name Minor Date of Bir Relationship with | · • — | Applicant | Name | | Othe | ers | | | |]]] |
| Applicant 1st Applicant | Date of Birth | Sex M | Iarital Stat | us O | ccupa | tion | | Annu | ial Incom | 1e |
| 2 nd Applicant | | | | | | | | | | |
| 3 rd Applicant | | | | | | | | | | |
| Applicant 1 st Applicant 2 nd Applicant 3 rd Applicant | PAN No. | | | AADHA | AR No. | (Not | Manda | ntory) |]] | |
| Applicant 1st Applicant 2nd Applicant 3rd Applicant | Mobile No. | | Email | ID | | | | | |]]] |
| Mode of Operation Self Any One Sing Jointly or Sun Guardian Mo | Either or Survigle or Survivor | vivor | | or Survi o Jointly | | | Any T | or Su hree Jo ian Fat | ointly | |

| Applicant Address | | | | | | | |
|---|---------------------------|-----------------------------|------|-------|--|--|--|
| city / town / taluka State | | Country | Pi | ncode | | | |
| | | | | | | | |
| Permanent Address | | | | | | | |
| city / town / taluka State | | Country Country | Pin | ncode | | | |
| 2 nd Applicant Address | | | | | | | |
| | | | | | | | |
| city / town / taluka Language State Language State | | Country Country | Piı | ncode | | | |
| 3 rd Applicant Address | | | | | | | |
| city / town / taluka | | | | | | | |
| State State | | Country | Pin | ncode | | | |
| Know Your Customer (| KYC) Details T | aken from Applicant | | | | | |
| Identity Proof Pan card Passport Driving Licenses Election Card Aadhar Card Other | | | | | | | |
| Address Proof Aadhar Card Passport Driving Licenses Election Card Any Utility Bill (Gas Receipt / Electricity Bill / Telephone Bill) Other | | | | | | | |
| Personal Details | | | | | | | |
| Education Qualification SSC HSC Graduate (B.A/B.Sc/B.Com/Other) If Self Employed C.A. Doctor Other Other | | | | | | | |
| Vehicle Owned Two Wheeler Three Wheeler Four Wheeler Other Family Members Working Children Adult Total | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| X | X | | X | | | | |
| | A | | | | | | |
| * Thumb Impression(s) sha |] all be attested by t | wo witness | | | | | |
| 1st Witness Name: | | 2 nd Witness Nam | ne : | | | | |

| Address: | Address : | |
|---|---|--|
| Signature : Introducers Details | Signature : | |
| Name : | | |
| A/c No. : | | |
| Date : | | |
| Place : | | Signature of Introducer |
| Nomination under section 45ZA read with section 5 (Nomination) Rule 1985, in respect of the Bank Dep | osit Nominate the | n Act 1949 & Rule 2(1) of the Co-operative Bank following person to whom, in the event of |
| The Konark Urban Co-Operative Bank Ltd., | | Branch |
| Name | Address | Relationship Age |
| Guardian Name Minor Date of Birth Relationship with Minor Father Applicant's Signatures | Mother _ | Others |
| Value Added Services | | |
| Debit Card Yes No. SMS Alert Yes No. | INSTA Debit C | ard Yes No. |
| Terms & Conditions for Saving & Fixed 1. Minimum Balance in Saving Account is 2. Minimum Fixed Deposit Amount will be Deposit will be Rs. 100/- (open in multi) 3. Minimum Fixed Deposit period is of 15 | s Rs. 1,000/- (QAB) & in be Rs. 1000/- (in Konark iples of Rs. 100/- only) days & Maximum 10 year mum balance in saving is 4.00 % p.a. will be paid Q Card, from Second year oper Quarter | ars Rs. 75 + GST & in Current Rs. 150 + GST warterly |
| Account Opened By Name : | Name : _ | Account Authorized By |
| Designation : | | ion: |

| Signature: | Signature : |
|------------|-------------|
| Date : | Date : |

DECLARATION

- 1. I/We confirm having received, read and understood,
 - The accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/We am/are opening/will open with The Konark Urban Co-operative Bank Ltd.,
 - Amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the bank on its notice board or on its website and those relating to various services offered by the Bank including Debit card, SMS alerts and others facilities listed in this from.
- 2. I/We are aware that the use of these facilities is governed by the terms & conditions which are contained in the brochures of the Bank issued from time to time/displayed on the website www.konarkbank.com. In the site maintained by The Konark Urban Co-operative Bank Ltd., & I/we have reviewed the contents of the same. I/we understand that the Bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/we agree that the Bank may debit my account for service charges as applicable from time to time. I/we declare that the transactions in the account will be made from legitimate sources only and the account will not be used for any purpose contrary to law. All communications will be sent on provided registered mobile no. &/or E-mail id only.
- 3. I/we also agree to maintain the minimum/quarterly average balance which the Bank may prescribe as the minimum/quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/average balance is not maintained and any other charges stipulated by the Bank. I/we understand that any change in this respect will be notified by the Bank on its website www.konarkbank.com and also will be displayed on the notice board of the branches one month in advance. I/we undertake to make good the losses to the bank, suffered consequent to crediting in the account proceeds of cheque drawn on other customers accounts in bank or make good any overdraft created in our account on account of services charges or Debit card withdrawal or through any other transaction.
- 4. I/we hereby declare that the information furnished above is true and correct to to the best of my/our knowledge. I/we am/are not availing any credit facilities with any other Bank/branch of your Bank or I/we am availing credit facilities with other Bank(s)/branch (es) of your Bank as per details given in the enclosed sheet.

Illiterate Customers:

- 1. I/we hereby agree that the account will be operated by me/us by personally calling at the counter & the Bank will not be liable to pay except as above
- 2. I/we hereby agree that payment of Fixed Deposit (KDS, KDD, STD, QIC, MIC & RD) Account on Maturity will be received by me/us personally by presenting the Relative Receipt/Pass Book at your Office. The Bank will not be liable to pay except as above.
- 3. The contents of Account Opening Form and Rules of the Bank regarding Opening of Saving Account / Term Deposit Account and stipulations governing issue of Fixed Deposit (Scheme) Receipt(s) as appearing on the back thereof / Recurring Deposit Account in force for the time being have been explained to the depositor(s) and fully understood by him/her/them and he/she/they has/have affixed his/her/their left/right hand thumb impression hereunder in my presence in token thereof.

Guardian in case of Minor Account:

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains Majority. I will indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

In case of Joint Fixed Deposit Account:

The Bank may on receipt of written application form either/anyone/any two Holder(s) in its absolute discretion and subject to such terms and conditions as it may stipulated (i) transfer the deposit account to any other branch of the Bank. (ii) grant a loan / advance against the security of the term deposit or (iii) allow premature withdrawal / make premature payments of the deposit to either / anyone/ any two account holder(s). The Bank shall be entitled to adjust and appropriate the proceeds of the deposits on or after maturity or before maturity by cancellation under the advice to the customer. Towards dues with interest in respect of loan advance so given against the security of the deposit. The receipt / discharge given by anyone/ any two account holder(s) shall give the bank a valid discharge. (Applicable only in case of either or survivor / anyone of us / any two of us survivors)

In the event of death of any of the joint account holders before maturity date, the bank shall be free at the request of survivor(s), though no obliged. (i) to transfer the deposit account to any branch of the bank, or (ii) to refund payment on such terms as it may decide loan to he survivor(s) against the deposit before maturity and discharge given by the survivor(s) in this regard shall give the Bank a valid discharge (Applicable to Joint Accounts).

| Date : | Signatures |
|--------|------------|
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