



BETAI SAMABAY KRISHI UNNAYAN SAMITY LTD.

Regd. No.- 33 Dated: 28-03-1960

Vill. +P.O.: Betai, P.S.: Amta, Dist. Howrah, Pin: 711 401

ACCOUNT OPENING FORM FOR MEMBER / NON MEMBER

Date

A/c. No.

UCIC

Samabay Subidha A/c No.

I/We request you to open my/our deposit account with your Society in
Accordance with the term and conditions of the Society as under:

A. Please tick (✓) any one.

Savings A/c

Term Deposit A/c (F.D.)

MIS A/c

Term Deposit A/c (C.C.)

Recurring Deposit A/c

S.H.G. A/c

B. (I) FOR TERM DEPOSIT A/c. (F.D.) / MIS

Term Days/months/years

Amount of Deposit (In words.....)

Maturity Value Maturity Date.....ROI.....

Interest Payable Monthly/Qty./H. Yly./Yearly to A/c No.

(II) FOR TERM DEPOSIT A/c. (C.C.):

Term Days/months/years

Amount of Deposit (In words.....)

Maturity Value Maturity Date.....ROI.....

(III) FOR RECURRING DEPOSIT A/c :

Term Days/months/years

Amount of Deposit (In words.....)

Maturity Value Maturity Date.....ROI.....

If Debit from A/c - Yes / No . If Yes from A/c No.

C. MODE OF OPERATION:

☐ Self

☐ Either or Survivor

☐ Former or Survivor

(Please tick (✓))

☐ Jointly by any two

☐ Jointly by All

☐ Minor A/c Operated by Guardian

☐ Any one or Survivor

D. DECLARATION:

I/We have read, understand and agree to abide by the Society rule relating to the conduct of the above accounts/services/products/fee & charges.

I/We wish to be informed about the various features/products and promotional instructions given above.

I/We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.

I/We also agree to maintain the minimum/quarterly average balance which the Society may prescribe as the minimum/quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/quarterly average balance is not maintained and any other charges stipulates by the Society.

Full Signature (in running handwriting) as per account mandate

Full Signature of Primary/1st Applicant

Full Signature of Joint / 2nd Applicant

Full Signature of 3rd Applicant

Full Signature of 4th Applicant

Please Paste
Passport Size
Colour
Photography

Please Paste
Passport Size
Colour
Photography

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Passport Size
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Passport Size
Colour
Photography

Signature of the Society Official
In whose presence signed

E. PERSONAL DETAILS: (Please fill in block letters only and leave one space between words)

PRIMARY APPLICANT												JOINT APPLICANT											
FULL NAME												FULL NAME											
Father/Husband/ Guardian Name												Father/Husband/ Guardian Name											
Mother's Name												Mother's Name											
Contact Address												Contact Address											
PIN												PIN											
PHONE												PHONE											

PRIMARY APPLICANT												JOINT APPLICANT											
Permanent Address												Permanent Address											
PIN												PIN											

(Please tick ✓)

	DATE OF BIRTH	GENDER	MARRIED	MINOR	PAN NUMBER	
PRIMARY		M F	Y N	Y N		OR FORM 60/61 ATTACHED
JOINT		M F	Y N	Y N		OR FORM 60/61 ATTACHED

If Senior Citizen, Provide proof of Date of Birth **If Minor, please fill up declaration below.

Existing Customer if Yes, UCIC No.

	UCIC No.	Salaried	Self	Employed	Business	Retired	Housewife	Others
PRIMARY								
JOINT								

F. MINOR DECLARATION:

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed

Full Name of Guardian

I hereby declare that the date of birth of the minor who is my..... is/...../..... and I am his / her nature and lawful guardian appointed by court order, dated../...../..... (copy enclosed). I shall represent the said minor in said minor in all future transaction of any description in the above account until the said minor attains majority. I identify the against the claim of the above minor for any withdrawal / transaction made by me in his/her/ Society account.

Signature of Guardian

G. INTRODUCER'S DETAILS

A/c No.											
Relationship											
Name											
Signature											

H. I/We further declare that the statement given above are true to the best of my/our knowledge.

Signature of the Primary Applicant	Signature of the Joint Applicant
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DECLARATION BY THE SOCIETY:

I hereby certify that this account opening form is complete in all respect and relevant documents (.....nos.) have been obtained. The Account may please be opened.

For, Society Use

For, Betal S.K.U.S. Ltd.

MOBILE NUMBER UPDATE & ALERT REGISTRATION :-

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The subscriber to all alerts including value added alerts. Chargeable @ 15/- (Fifteen) Rupees Six (6) months for any transaction.

Signature of the Society Official with Date
Account Opened

Authorised Signature

Signature of the Depositor (s)

1. NOMINATION DETAILS:

I/We (Name).....

Address.....

nominate the following person to whom, in the event of my/our/minor's deaths the amount of deposit in the above may be returned by the Betai S.K.U.S. Ltd..

Name of the Nominee:Relationship.....

Address.....

is Mionr, his/her Date of Birth..... as the Nominee is a Minor, on this date, I/We appoint (Name).....Relationship with Minor.....

Address..... to receive the amount of the behalf of the nominee in the event of my / our / Minor's death during the minority of the nominee.

Signature, Name and Address of Witness

Signature of Operators(s)

J. Form 60/61 (To be filled by those who do not have PAN)

Form-60

Are you a Tax Assesses ☐ Yes ☐ No If yes:

a) Details of Ward / Circle/Range where that last return of income was filed.....

b) Reasons for not having PAN:

Form-61 (To be filed by a person who has only agricultural income and no other income chargeable to income Tax).

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any

Verification: I/We.....do hereby declare. that what is stated is true to the best of my knowledge and belief.

Date :

.....
Signature of Declarant