

BETAI SAMABAY KRISHI UNNAYAN SAMITY LIMITED

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

VIII.+P.O. : Betal, P.S. : Amta, Dist. : Howrah, Pin : 711 401

ACCOUNT OPENING FORM FOR MEMBER / NON MEMBER

Date

A/c. No.

CID

A/c. Opened by

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

A. Please tick (✓) any one.

Savings A/c ☐ Term Deposit A/c (F.D.) ☐

Spl. Term Deposit A/c (C.C.) ☐ Recurring Deposit A/c ☐

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

Term Days/months/years

Amount of Deposit Rs. (In words)

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

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

Term Days/months/years

Amount of Deposit Rs. (In words)

(III) FOR RECURRING DEPOSIT A/c:

Term Days/months/years

Amount of Monthly Instalment Rs. (In words)

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

C. MODE OF OPERATION :

(Please tick ✓)

☐ Self

☐ Either or Survivor

☐ Former or Survivor

☐ 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 rules 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 stipulated by the Society.
- Full Signature (in running handwriting) as per account mandate.

Full name of Primary/1st Applicant

Full name of Joint/2nd Applicant

Full name of 3rd Applicant

Full name of 4th Applicant

Please Paste
Passport Size
Colour
Photograph

Please Paste
Passport Size
Colour
Photograph

Please Paste
Passport Size
Colour
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Passport Size
Colour
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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/ Guardians Name					Father/Husband/ Guardians 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				

		DATE OF BIRTH		GENDER		MARRIED		MINOR		PAN NUMBER		(Please tick ✓)	
PRIMARY												OR	FORM 60/61 ATTACHED
JOINT												OR	FORM 60/61 ATTACHED

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

		Exiting Customer if Yes, Cust. ID		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 natural and lawful guardian / guardian appointed by court order, dated/...../..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I identify the Bank against the claim of the above minor for any withdrawal / transaction made by me in his / her 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

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 Bank's Use

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

Signature of the Society Official with Date
Account Opened

Authorised Signatory

I. NOMINATION DETAILS :

I / We (name) Address

..... nominate the following person to whom, in the event of my / our / minor's death,

the amount of deposit in the above may be returned by the Betai S.K.U.S. Ltd.

Name of the Nominee : Address

Relationship with depositor Age years

If Nominee is Minor, 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 deposit on 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 Depositor(s)

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

Form – 60

Are you a Tax Assesse?

Yes

No

If yes :

a) Details of Ward / Circle / Range where the last return of income was filed :

b) Reasons for not having PAN :

Form – 61 (To be filled 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 :

..... do hereby declare that what is

Verification : I / We stated is true to the best of my knowledge and belief.

Date :

Signature of the Declarant