शिकलगार
सहकारी पतपेढी मर्यादित, मुंबई
(नोंदणी क्र. बी. ओ. एम./आर.एस.आर./841/1977)

SHIKALGAR
SAHKARI PATPEDHI LTD. MUMBAI
(Regd. No. B.O.M./R.S.R./841/1977)

प्र.कार्यालय : कासमभाई अॅन्ड सन्स, पहिला मजला, बी/4, विमुक्त शांती निकेतन को. ऑप. हौसिंग सोसायटी लि., खेमानंद मेडीकलच्या पाठीमागे, एस.जी.बर्वे मार्ग, कुर्ला (पु), मुंबई-400 024. shikalgar.cocsty@gmail.com

ACCOUNT OPENING FORM

A/c No. :

Customer Id :

Mem. No. :

The Branch Manager,

Shikalgar Sahkari Patpedhi Ltd.

Branch _____

Dear Sir / Madam,

I / We request you to accept in cash / cheque a sum of _____ (Rupees _____) and open an A/c with you as per details given below.

A/cType : Saving ☐ Daily ☐ R.D. ☐ Fixed Deposit ☐ _____ Deposit ☐

Period : _____ Rate of Interest : _____

Mr./Mrs./Ms

Mr./Mrs./Ms

Date of Birth Age Date of Birth Age

Address

Phone : Mobile : E-mail : _____

Business / Service Address

Monthly Income Phone :

Department

Mode of Operation : Self ☐ Jointly ☐

Either Or Surviver : ☐ Any Other Instruction _____

Pan No. : Applicant 1. Applicant 2.

Personal Information -

1. Other Bank A/c _____ 2. Education _____ 3. No. of Department _____

4. Vehicle No. _____ 5. Total Family Income _____ 6. Loan Availed _____

7. Credit, Debit Card No. _____ 8. Details of Property _____

I/We confirm having read and understood the rules relating to the opening of account and hereby agree to abide by the said rules. I/We understand that the society may at its discretion can change or discontinue any of the deposit scheme completely or partially without any notice to me/us.

Yours faithfully

Applicants Photograph

Signature :

Particulars of Introduction

Name & Address of the introducer / _____

_____

_____ Phone: _____

A/c. No. | | | | | | Branch : _____ Type of A/c. _____

I certify that I have known Mr. / Mrs. _____

for the last _____months / years and confirm his /her/their occupation & address stated in his / her / their application is correct.

Signature of the introducer	Signature of designation of verifying clerk

Nomination Form DA - 1

I/We (Name & Address) _____

_____ Phone: _____

Nominee the following person to whom in the event of my / our minors death the amount of the deposit particulars whereof are given below may be returned by The SHIKALGAR SAHKARI PATHSANSTHA MARYADIT, Branch (Name & address of Branch

Nature Of Deposit	Distinguising No.	Name & Address of Nominee	Relationship With the Depositer if any	Age	If Nominee is a minor his/her Date of Birth

As the nominee is a minor on this date I/We apoint Shri/Smt./Kum.(Name/Address & Age)

_____

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

1) _____ 2)_____ 3)_____

Signature / Thumb Impression Of Depositors

Any one document from List 1 & List 2 is mandatory for opening the account

List 1 :- Ration Card, Electric City Bill, Telephone Bill, Aadhar Card, Election Card.

List 2 :- Company Identity Card, Passport, Pan Card, Bank Pass Book, Driving Licesence

Sign by depositer in my presence.
Original document verified by
me & found ok.

Clerk / Sr. Clerk Signature

Employees No. .....

Confirmed by me and allow to open Account

A/c No. _____

_____

Officer / Office incharge Signature

Employees No. .....