



B) MODE OF OPERATION Account will be operated by

Self Either or Survivor Former or Survivor Jointly or Survivor Any one of us or any one of the survivors or the last survivor
 Minor by Guardian Any other Instruction _____

C) ADDRESS DETAILS

Communication Address* Please provide complete address for faster courier deliveries.

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

Same as communication address Please note the address as below

Permanent Address of 1st Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

Permanent Address of 2nd Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

Permanent Address of 3rd Applicant*

 CITY _____ STATE _____
 COUNTRY _____ PIN CODE _____

	STD Code	Tel. No. (Office)	Tel. No. (Residence)	Fax No.
1st Applicant	____	____	____	____
2nd Applicant	____	____	____	____
3rd Applicant	____	____	____	____

	Mobile Number	Email Address
1st Applicant	____	____
2nd Applicant	____	____
3rd Applicant	____	____

1st Applicant Kindly register me for SMS Banking / Net Banking 2nd Applicant Kindly register me for SMS Banking / Net Banking 3rd Applicant Kindly register me for SMS Banking / Net Banking

D) MINOR DECLARATION

Type of Guardian : Father Mother Court Appointed
 Full Name of Guardian Mr. Ms. _____

I/ We 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 / We indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date :

Signature of Guardian



ZOROASTRIAN BANK

The Zoroastrian Co-operative Bank Ltd.

(Multi-State Scheduled Bank)

E)

1st APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Monthly Household Income (₹) Upto 5,000 5,001-10,000 20,001-50,000 50,001-1,00,000 > 1,00,000

2nd APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Monthly Household Income (₹) Upto 5,000 5,001-10,000 20,001-50,000 50,001-1,00,000 > 1,00,000

3rd APPLICANT'S PERSONAL INFORMATION

Education Undergraduate Grad./Post Grad. Gen. (B. Sc, M.Com., etc.) Grad/Post Grad. Professional (BE, MBA, MBBS etc.)

If salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Institution

Designation Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self-Employed Profession CA Engg. Doctor Proprietorship Partnership

Monthly Household Income (₹) Upto 5,000 5,001-10,000 20,001-50,000 50,001-1,00,000 > 1,00,000

F) KNOW YOUR CUSTOMER (KYC) DETAILS*

Provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification)

	Document for proof of Identity	Document Identification No.	Issuing Authority/Place of issue	Supporting Documents
1st Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Document for proof of Address	Document Identification No.	Issuing Authority/Place of issue	Supporting Documents
1st Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Salary Accounts - Employee Code

Letter from Employer verifying identity and current address

OR

Introduction by a designated Company Official and KYC documents as above

Signature with Company Seal

G) You may convey promotional information through telephone calls / sms / e-mail / letters - Yes No

Signature of 1st applicant

Signature of 2nd applicant

Signature of 3rd applicant



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H) INTRODUCER'S DETAILS

NAME :

A/C No.: Cust. ID

I confirm that I am an account holder with The Zoroastrian Co-operative Bank Ltd. for over 6 months. I confirm that I personally know the applicant/s detailed above for more than 6 months and confirm his / her / their identity, occupation and address.

Date : _____ Signature _____

For Office use:	Signature Verified : <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of the Officer <input type="text"/>	EMP Code: <input type="text"/>
	Date of A/c. Opened : <input type="text"/>	Name of the Officer _____	

I) NOMINATION DETAILS (FORM DA1)

Nomination under Sec. 45ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

(i) 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 account, may be returned by The Zoroastrian Co-op. Bank Ltd. _____ Branch.

Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his date of birth

*As the nominee is a minor on this date, I / We appoint (name) _____
_____ (Name, Address & Age)

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.

Place : _____

Date :

****Signature(s)# Thumb impression (s) of Depositors**

Signature of witness No.1 _____ Signature of witness No.2 _____

Name(s) _____ Name(s) _____

Address(es) _____ Address(es) _____

** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Thumb impression shall be attested by two witnesses Signature of Account Holder _____

Nomination Registration No. _____ Date Acknowledgment of nomination received on _____

1st Applicant Please Paste Passport Size Colour Photograph here	2nd Applicant Please Paste Passport Size Colour Photograph here	3rd Applicant Please Paste Passport Size Colour Photograph here	Signature 1st Applicant <input type="text"/> Signature 2nd Applicant <input type="text"/> Signature 3rd Applicant <input type="text"/>
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DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained, The Account may please be opened. Enclosure Detail (This information must be filled-up by the branch before sending AOF for processing)

Number of Pages of
KYC documents enclosed:

The Zoroastrian Co-op. Bank Ltd.

Authorised Signatory

	Name : <input type="text"/>
	EMP. No <input type="text"/>
	Date : <input type="text"/>

Signature of Bank Official in
whose presence signed &
Round seal of Branch