



THE TAMIL NADU STATE APEX COOP. BANK LTD

Head Office / _____ Branch

CASA ACCOUNT OPENING FORM FOR INDIVIDUALS

(Single/Joint/Proprietorship Concerns)

Date:

Customer ID :	Account No :
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I/We request the Bank to open an account as per details below:

SAVINGS ACCOUNT	With Cheque Facility <input type="checkbox"/>	Without Cheque Facility <input type="checkbox"/>	
CURRENT ACCOUNT	Individual <input type="checkbox"/>	HUF <input type="checkbox"/>	Non-Trading Association <input type="checkbox"/>
	Partnership Firm <input type="checkbox"/>	Limited Companies <input type="checkbox"/>	Government Dept. <input type="checkbox"/>

APPLICANTS DETAILS (All in BLOCK Letters)

Particulars	Details of Applicant (A)	Details of Applicant (B)	Details of Applicant (C)	
Name				
Father/Husband's Name				
Date of Birth				
Gender				
PAN/GIR No.				
Aadhaar No.				
Residential Address				
Permanent Address				
PIN Code				
Mobile No.				
Email ID				
	Affix Photograph of Person opening the account APPLICANT (A)	Affix Photograph of Person opening the account APPLICANT (B)	Affix Photograph of Person opening the account APPLICANT (C)	
Mode of Operation	Self <input type="checkbox"/>	Jointly <input type="checkbox"/>	E or S <input type="checkbox"/>	A or S <input type="checkbox"/>
Signature of the Applicant	1	1	1	
	2	2	2	

Whether SMS Alerts required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Mobile Number
Whether RuPay Debit Card is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Whether Net Banking is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CUSTOMER PROFILE:

Occupation	Salaried / Self-employed / Business / Retired / Student / Others		
Source of Income		Monthly Income	Rs.
Marital Status	Married / Unmarried	Qualification	HSC / Graduate / Post Graduate
Account facility availed any other Bank, please mention if any	Bank/Branch/Account No./IFSC		

NOMINATION : (Form DA -1) Nomination under Sec.45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposit.

I/We nominate the following person to whom in the event of my/our death the amount of deposit in the above account may be returned by the Bank

Name of the Nominee		Proof of Identity	
Address			
Mobile No.		Email ID	
Relationship with Depositor, if any		Date of Birth of Nominee	

As the nominee is minor on this date, I/We appoint Mr/Mrs/Ms..... (Name and Address) to receive the amount of the deposit on behalf of the nominee in the event of my/out minor's death during the minority of the nominee)

Applicant's Signature	(A)	(B)	(C)
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Particulars of Identification (Attach copies of documents)

a) Aadhar Card	<input type="checkbox"/>	c) Voter ID	<input type="checkbox"/>	e) Driving Licence	<input type="checkbox"/>
b) PAN Card	<input type="checkbox"/>	d) Passport	<input type="checkbox"/>	f) NREGA Card	<input type="checkbox"/>

FOR BANK'S USE

Applicant(s) interviewed and the purpose of opening account as ascertained is			
Account opened on	DD/MM/YYYY	Passbook delivered to the customer on	DD/MM/YYYY
Verified the opening of the account and letter of thanks sent to the customer on		DD/MM/YYYY	
The specimen signature(s) of the applicants was scanned and added to the account on		DD/MM/YYYY	
Nomination details entered in the system on	DD/MM/YYYY	Registration No.	
Potential activity expected in the account (Monthly /Annual Turnover)		Rs.	
Source of Funds	Rs.	Threshold Limit	Rs.
Risk Classification	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Reason for Risk Classification made			

SIGNATURE OF THE CHIEF MANAGER / MANAGER	NAME:
	DATE:
	CODE NO :