

Account Opening Form for Individuals [Savings / Recurring / Fixed]

To
The Manager,
TRUECARE NIDHI LTD
Kadungamangalam, Thiruvankulam

Account No.

I/We request you to open a (Tick the relevant box)

Savings Account Fixed Deposit Recurring Deposit in your company, with an initial deposit of Rs..... (Rupees.....)

A. PERSONAL DETAILS		Full Name (Leave one space between each part of the name)																	
First Applicant																			
Second Applicant																			
		First Applicant									Second Applicant								
Father's Name																			
Mother's Name																			
Date of Birth		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y		
PAN No.																			
Aadhar No.																			
Residential Address	House/Flat No.&Name																		
	Street/Road/Lane																		
	Landmark																		
	Area/Locality/Sector																		
	Village/Town/City																		
	Sub/District/District																		
State	Kerala	Pin Code							Pin Code										
Tel. No. with STD Code																			
Mobile																			
E-mail																			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female							<input type="checkbox"/> Male	<input type="checkbox"/> Female									
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married							<input type="checkbox"/> Single	<input type="checkbox"/> Married									
Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional						<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional								
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Ex-Serviceman	<input type="checkbox"/> Student						<input type="checkbox"/> Housewife	<input type="checkbox"/> Ex-Serviceman	<input type="checkbox"/> Student								
	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture & Allied	<input type="checkbox"/> Others.....						<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture & Allied	<input type="checkbox"/> Others.....								

B. MODE OF OPERATION:

1. Account to be operated by:

No.1/No.2 Jointly by us
 Any one of us

2. Repayment Clause:

No.1/No.2 Jointly
 Jointly to..... Any one of us
 Either or survivor/s of us Others (specify) _____

3. Minor Account : Yes No

If yes, please fill the details below

Declaration in case of Minor's Account:

Guardian's Name Relationship with minor Son Daughter Others specify.....

Source of funds: Self Minor's Nature of Guardianship Natural By Court Order

I shall indemnify the TNL against claims, if any, in respect of above minor, for any transaction/withdrawal made by me in his/her account.


Signature

Nomination

[] Required

[] Not Required

C. NOMINATION FOR THE ACCOUNT

I/We nominate the person specified in box - 1 below to whom in the event of my/our/minor's death, the balance remaining in the account may be returned by TNL Kadungamangalam Branch. As the nominee is a minor on this date, I/We appoint the person specified in the Box-2 below to receive the balance in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

BOX - 1 DETAILS OF NOMINEE	BOX - 2 DETAILS OF APPOINTEE FOR MINOR	Attestation of Thumb impression(s) by 2 witnesses
Name:	Name:	1. Name:
Address:	Age:	Address:
City:	Address:	Signature:
Pin Code:	2. Name:
Phone No:	Address:
DOB (if minor)	City:
Relationship with Depositor	Pin Code:
.....	Adhaar No.:	Signature:

D. VERIFICATION

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


Signature of Declarant

E. STANDING INSTRUCTIONS

Please provide me the following add - on facilities.

1. E-mail Statement 2. SMS Alert

• **RD Account :** I request you to open a [] Recurring Deposit/ [] Flexi Recurring Deposit with a monthly instalment of Rs..... Rs for a period of months and the amount may be debited to my Savings Account No. on (Date) of every month.

Scheme Duration Rate of Interest Maturity Amount

2. **Fixed Deposit :** I request you to open a [] Fixed Deposit/ [] Special TNL Deposit with an amount of Rs..... (Rupees.....) for a period of months.

Scheme Duration Rate of Interest Maturity Amount

F. DECLARATION

I/We have understood the TNL's rules for SB / Fixed Deposit / RD and agree to abide by the rules in force including changes from time to time, if any.

I/We undertake to intimate the TNL in writing within two weeks of any change in my address / Mobile Number or any other information with reasons, along with the proof of the new address/telephone number.

The Savings account, Recurring deposit, Fixed deposit rules and regulations have been explained to me/us and I/We agree to abide by the same.

Yours faithfully,

Place:.....

1.

Date:.....

2.

Please paste a recent passport size photograph of the **First Applicant** & sign across.

Please paste a recent passport size photograph of the **Second Applicant** & sign across.

G. FOR OFFICE USE

- [] Signed before me / Thumb Print affixed in my presence
- [] KYC documents submitted by the customers are verified with the original and found correct
- [] Introduction is found in order.
- [] Permitted to open account
- [] Sent Letter of thanks to the Account holders
- [] Nomination mentioned for this account is registered at Serial No.....

Canvassed by :

Name of the Employee:..... Signature of Authorised Official.....

E.No. Date:.....

Verified by:

Name of the Official.....

H. FORM 60/61 (TO BE FILLED BY THOSE WHO DO NOT HAVE EITHER PAN OR GIR)

FORM 60	FORM 61
(See Second provision to rule 114 B)	(See provision to clause (a) of rule 114 c (1))
<p>Forms of declaration to be filled by a person who does not have a Permanent Number (PAN) and who enters into any transactions specified in Rule 114 B</p> <p>1. Full Name and Address of the Declarant _____ _____</p> <p>2. Particulars of transaction</p> <p>3. Amount of the transaction</p> <p>4. Are you assessed to tax? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. If Yes,</p> <p>i) Details of Ward/Circle/Range where the last return of income was filed _____</p> <p>ii) Reasons for not having Permanent Account Number _____</p> <p>6. Details of the document being produced in support of address in column (1)</p>	<p>Forms of declaration to be filled by a person who has agriculture income and is not in receipt of any other income tax in respect of transaction specified in rule 114B</p> <p>1. Full Name and Address of the Declarant</p> <p>2. Particulars of transaction</p> <p>3. Details of the document being produced in support of address in column (1) Yes <input type="checkbox"/> No <input type="checkbox"/></p>

F. DECLARATION

I, _____ do hereby declare

that what is stated above is true to the best of my knowledge and belief.

Verified today, _____ the day of _____ 20 _____

Date:

Place:

Signature of the Declarant

J. INSTRUCTIONS

Documents which can be produced in support of the address are

- (a) Ration Card
- (b) Aadhar Card
- (c) Passport (Valid)
- (d) Driving Licence (Valid)
- (e) Identity Card issued by any institution
- (f) Copy of Electricity Bill or Telephone Bill showing residential address
- (g) Any document of communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (h) Any other documentary evidence in support of his address given in the declaration.

* The term TNL is used as the short form of TRUECARE NIDHI LIMITED