



Annapurna Mahila Co-operative Credit Soc. Ltd. (Multi-state)

Reg.No.M.S.C.S.C./R./68/97



FD Account Opening Form

Branch No:-.....

Form No.....

Account No.....

Fixed Deposit No. -.....

Date:-.....

Please open an account as per details given below

Signature

Section 1

Membership of AMCCSL (*Annapurna Mahila co-operative credit society Ltd)

(Social Investors/FD Depositors who have kept FD in Annapurna before December 2022 have to compulsory fill Section 1)

I Mr./Mrs.-hereby apply for Membership in Annapurna Mahila co-operative Credit Society Ltd, Pune as a Member. I agree to faithfully obey /abide by the rules & regulations set by AMCCS in its bye laws.

I pay the membership fees of Rs...../- (or as may be determined by the Managing committee) &Rs.-/(or as may be determined by the Managing committee) for share capital by RTCS/NEFT/Cheque No.-dt.....-in favor of AMCCSL.

Personal Data :

1) Social Investor Name:- Mr./Mrs./Ms.....

Birth Date.....Age : years . Birth Place : Gender : Male/Female

Religion /Caste :Occupation :Pan No.....

Mob.No.....Email ID..... Nationality : Indian YES NO

Permanent Address:-.....

Local Address:.....

Income /details : 0 to 1 lakh 1 lakh to 5 lakh 5 lakh and above

Nominee Details for Share :

Name:Mr./Mrs. Relation :

Address :

Mobile No :

Bank Details : Saving A/c No.....in Branch.....

Bank Name Branch IFSC Code No.

I hereby enclosed following self - attested copies of Documents..... (For Proof of Identity)

.....(For proof of address),(For proof of Date of Birth)

I request you to kindly admit me as a member of society. I declare that I am not a member in any other registered co-operative society of same class.

Thanking you ,

Yours faithfully

Signature of Member

FD Amount & Membership Fee :

1)Cheque/ ECS Deposit Amount Rs.:.....2) Credit Soc. Shares Rs.:.....

3)Processing Fee Rs.:.....4) Entrance Fee Rs.:.....Total Amount Rs.:.....

Application of Membership : APPROVED / Disapproved

Date :

Authorized Signature :

Section 2

KYCDetails

1. Social Investor Name:- Mr./Mrs./Ms.....

Birth Date Age : years . Birth Place : Gender : Male / Female

Religion/Caste :Occupation :Pan No.

Mob. No. Email ID..... Nationality: Indian : YES NO

Permanent Address:-.....

Local Address:.....

Income /details : 0 to 1 lakh 1 lakh to 5 lakh 5 lakh and above

2. Social Investor Name:- Mr./Mrs./Ms-----
Birth Date ----- Age :----- years . Birth Place : ----- Gender : Male / Female
Religion/Caste :-----Occupation : -----Pan No. -----
Mob. No. ----- Email ID----- Nationality: Indian : YES NO
Permanent Address:-----
Local Address: -----
Income /details : 0 to 1 lakh 1 lakh to 5 lakh 5 lakh and above

3. Social Investor Name:- Mr./Mrs./Ms-----
Birth Date ----- Age :----- years . Birth Place : ----- Gender : Male / Female
Religion/Caste :-----Occupation : -----Pan No. -----
Mob. No. ----- Email ID----- Nationality: Indian : YES NO
Permanent Address:-----
Local Address: -----
Income /details : 0 to 1 lakh 1 lakh to 5 lakh 5 lakh and above

Section 3

Deposit Details

F.D.DepositRs:-----In Words:-----
F.D. Duration :- 3 Months 6 Months 1 Year 2 Year 3 Year
Rate of Interest:----- Additional % For Senior Citizen-----
Mode of Payment: Cash Transfer Cheque / RTGS Bank Name : -----
Cheque / RTGS no.-----Date...../...../.....
Interest:- Monthly Quarterly Interest Payment on Maturity
Account Operation: 1) Self 2) Either or survivor 3) Former of survivor
4) Jointly 5) Anyone / Survivor

I/We declare , to credit My Monthly / Quarterly Interest / on Maturity interest on aboved FD should be transferred to Annapurna's Educational Scholarship Project : Yes No.
IF Yes,
Amount transfer to educational scholar ship Rs.
Balance amount of interest should be credited to My Bank account.
Auto Renewal:- Yes No.

Autorenewal Note: Note: Term deposit receipt will be renewed on due date (i.e. Maturity Date) or the date of presentation whichever is later. Auto renewal of FD will take place if Option of Auto renewal is selected as YES, and if not your Term Deposit will end on the maturity date, and the interest of the lapse period if any will be payable as per saving rate or Contracted Rate whichever is lower.

Kindly submit the original Term Deposit Receipt duly signed 8 days before the date of maturity.

***(Please issue the Cheque in the name of:- IOB A/C Annapurna Mahila Co-Op Credit Society Ltd.)**

Section 4

Standing Instructions for crediting Interest through ECS

Interest On above deposit be My / Our SB /CA A/c.No... -----
Bank Name -----Branch:-----
Branch IFSC Code No. ----- Savings/Current A/c : -----

Section 5

Form No, 60 (In Absence of Pancard)

Form of Declaration to be filled by a person who does not have a permanent account number and who enters in to any transaction specified in rule 114B.

1) Full Name of Declarant -----

Address:-----

2) Particulars of Transactions :-----

3) Amount of Transactions-----

4) Are you assessed to tax: ----- Yes----- , No-----

5) If yes, (I) Details of Ward/Circle/Range where the last return of income was filed-----

(ii) Reason for not having permanent account number?-----

Details of the document being produced in support to address in column 1-----

Section 6A Signature:-

Section 6A

NOMINATION FORM - D.A-1

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank Deposits.

I/We [(Name&Address)]-----

Nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit, particulars where of are given below, may be returned by the Annapurna Mahila Co-Op Credit Society Ltd.-----

-----Branch(Name & address of branch / office where deposit is held)

Name & Address of Nominee	Contact No. of Nominee	Relationship with the Depositor, if any	Age of the Nominee	If Nominee is a minor his Date of Birth

Section 6B

NOMINATION FORM - D.A-1

As the nominee is a minor on this date, I / We appoint Mr/Mrs/Ms. (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.

Signature 1]----- 2]----- 3]-----

(As the nominee is minor the guardian should be always person other than social investor.)

Section 6C

Depositor is illiterate

Two witnesses are necessary for nomination only where the -

Witness :-

1) Signature -----

Address-----

Name-----

Witness :-

1) Signature -----

Address-----

Name-----

Declaration

I/we,-----,do here by declare that what is stated above is true to the best of my knowledge and belief. Verified today, theday of----- Date:-----Place:-----

* I/we am/are aware of following rules of AMCCSL:

*In respect of all FD/RD/Shareholders, a normal savings account will be opened in AMCCSL Software for routing internal transfer transaction.

*Being the shareholder(s)of Annapurna Mahila Co-Op Credit Society Ltd. no TDS shall be deductible by the Society. The responsibility of TDS return filing if at all lies on me/us.

*It is my/our responsibility to in form Annapurna for any change in Contact No, Address and KYC Information.

*My/our current address is the same as per my /our Address on Aadhar Card, If Current address is different than on Kyc documents I/we have to submit Address proof for the same.(Latest Light Bill, Latest Tax Receipt)

*As mandated by the PML Act 2002, AMCCSL as reporting entity is obliged to furnish KYC information of depositors to Director, Financial Intelligence Unit, India.

*New Depositor can collect New FD certificate by visiting our office. If Deposit or wants the FD certificate to be sent by courier, then the FD certificate and Share certificate will be couriered together on 10th of next month after the share allocation process is done.

*As per Multi State Co-operative Societies Act (MSCS Act) we shall not be accepting deposits from Institutions (other than Cooperative Societies)and Minors (age below 18 years).

*The interest on FD as well as the transfer of funds at the time of withdrawal of FD will not be split in to different bank accounts and will be credited into a single bank account.

PREMATURE WITHDRAWAL : Amccsl, on the request from depositor, shall allow premature withdrawal of a term deposit i.e. before completion of the period agreed upon the time of making deposit while permanently withdrawing/closing a deposit.

The applicable rate of interest on the date of acceptance of deposit for the actual period remain with AMCCSL shall be applied. In addition Amccsl may levy penalty as applicable from time to time. Further for premature withdrawal of Bulk deposits. i.e. Rs.1 core and above of all depositors, for payment before maturity will be done as per rules decided by AMCCSL from time to time. All joint account holders shall have to discharge the Term Deposit receipt with the Payment Before Maturity Form.

* **Premature withdrawal** (In case of Joint Accounts) : 1. In the event of death of anyone or more of the joint depositors, the surviving depositors shall be within their rights to request AMCCSL for premature payment of the said deposit without obtaining the consent or discharge from the heirs/executors/successors of the deceased depositors, if the joint mandate duly consented and signed by all depositors are submitted at the time of opening of deposit account or any time during the currency of deposit.

We (all joint account holders) have read and understood the Terms and Conditions of premature withdrawal in case of Joint accounts as mentioned above and also on AMCCSL's website.

Accordingly, we hereby authorize AMCCSL to make premature payment of this term deposit to the surviving joint depositors, if so requested by them without insisting on No Objection Certificate/ discharge from the legal heirs/ executors/successors of the deceased and such payment made shall be valid discharge to AMCCSL.

This mandate is being issued on our full responsibility and shall bind our successors, executors and heirs as well as shall continue to hold good for the renewal of the said deposit from time to time.

OPTION: The joint account holders may strike the aforesaid condition and put their signature in the column given below if they exercise their option not to avail the facility of the premature withdrawal by the surviving depositor as stated above.

*I here by declare that I am citizen of India. And I am aware that Non-resident Indian is not allowed to invest in AMCCSL.

*I/We have read and understood the Annapurna Mahila Credit Co-Op. Society's Terms and Conditions.

*I/We accept and agree to be bound by the said terms and conditions including those limiting your liability. I/We agree that the Annapurna Mahila Credit Co-Op. Society's may debit my/our account for service charges as applicable from time to time.

(Required Document- Passport Size Photo, PAN Card, Adharcard Copy, Bank Pass Book Xerox (All Self attested.)

Signature/s of Social Investor

1 [] 2 [] 3 []

For Office Use Only

Allowed to open Saving Account. I confirm that the above information of the applicant is as per his/her existing New Customer

ID No.....I confirm that the is applicant is not having Customer ID in the system till date.

Filled by FD Executive..... Verified By FD Co-ordinatorEncoded by Encoder.....

Date.....Sign..... Date.....Sign..... Date.....Sign.....

Mode of Verification : a.Office visit: b. Whatsapp Video call: c. Annapurna staff visited Home / Office:

FD Start Date:..... Reference By:..... Slip No.....

Center No. [] Name of Depositor _____ Center No. [] Name of Nominee _____