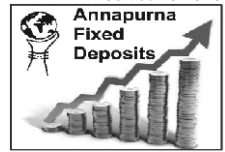


Annapurna Mahila Co-Operative Credit Soc.Ltd.

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

**RD Account Opening Form**

Branch No:-.....

Form No.....

Account No.....

Date:-.....

Please open an account as per details given below

Signature

Section 1

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

(Social Investors/RD Depositors who have kept RD 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 :

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

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

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

Mob.No.....EmailID..... 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. Yours faithfully

RD Amount & Membership Fee :

Signature of Member

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 :

KYC Details

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

Reference by
Slip No.

Start Date :
Processing Fee :
Pravesh Fee :

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

Deposit Details

R.D. Deposit Rs:- In Words :-.....
R.D. Duration :- 6 Months 1st Year 2nd Year 3rd Year Rate of Interest :-
Additional % For Senior Citizen-.....ID No.....

Account Operation : 1) Self 2) Either or Survivor 3) Former of Survivor
4) Jointly 5) Anyone / Survivor

Mode of Payment: - Bank Transfer Cheque/RTGS Cheque/RTGS noDate...../...../.....

- 1) Please issue post dated cheque for RD installment / Bank Transfer/ Pay by Google Pay / Phone Pay
- 2) If Cheque is bounced depositor has to pay cheque bounce charges.

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

Standing Instructions for crediting Amount

Bank Name..... Branch:-.....
Branch IFSC Code No..... Savings/ Current A/c No.....

I/We being the shareholder(s) of Annapurna Mahila Co-Op Credit Society Ltd. no TDS shall be deductible by the Society. The responsibility of TDS payable if at all lies on me/us.

Form No 60 (In Absence of Pan card)

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

- 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?-----
- 6) Details of the document being produced in support of address in column 1-----

Verification

I,-----,do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the -----day of -----,
Date :- -----
Place :- -----
Signature of Declarant

NOMINATION FORM-D.A-1

Nomination under section 45 ZA 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 Amapurna 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

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.

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

Two witnesses are necessary for nomination only where the .1)Depositor is illiterate/minor 2)Nominee is minor

Witness :- 1)

Signature -----

Name-----

Address-----

Witness :- 2)

Signature -----

Name-----

Address-----

(Required Document – ID Proof , PAN Card, Residential Proof ,Bank Pass Book)Contact: Pune - 952555213, Mumbai - 9112287309

Declaration

- I am aware that respect of all RD shareholders normal saving account is opened in AMCCSL software for routing, internal transfer transaction.
- As mandated by PML ACT 2002, AMCCSL as reporting as reporting is obliged to Furnish KYC information for depositors to Director, Financial intelligence Unit India.
- I hereby declare that I am citizen of India. And I am aware that Non-resident Indian is not allowed to invest in AMCCSL.
- New Depositor can collect New RD Passbook by visiting our office. If Depositor wants the RD Passbook to be sent by courier, then the RD Passbook and Share certificate will be couriered together on 10th of next month after the share allocation process is done.
- I/We agree that the Annapurna Mahila Co -Op . Credit Society's may debit my/our account for service charges as applicable from time to time.
- I/We accept and agree to be bound by the said terms and conditions including those limiting your liability.
- * My current address is the same as per my Address on Aadhar Card
If current address is different than on Kyc documents Pls. submit Address proof. (Latest Light Bill, Latest Tax Receipt)
- * 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 withdrawal amount of RD will not be split into 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.

Signature of Applicant

1		2	
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For Office Use Only

Allowed to open Saving Account. I confirm that the above information of the applicant is as per his/her existing Customer ID No.....I confirm that this applicant is not mandating Customer ID in the system till date.

Field by:-	Verified by:-	Encoded by:-
Name.....	Name.....	Name.....
Designation.....	Designation.....	Designation.....
Ticket No.....Sign.....	Ticket No.....Sign.....	Ticket No.....Sign.....

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