THE NILGIRIS DISTRICT CENTRAL COOPERATIVE BANK LIMITED, UDHAGAMANDALAM

Branch _____ Date _____

KCC Saving Bank A/c. Opening Form

Sir/Madam,

I request you to kindly open KCC Savings Bank Account with your Bank.

Name		
Father/ Spouse Name		
Address		
PIN Code		
Mobile No.		
Date of Birth		
Customer Type	Individual	
Gender	Male / Female	
Community	OC/BC/MBC/SC/ST	
Annual Income		
Educational Qualification		
Identification Details		
Ration Card No.		
Aadhaar Card		
Pass Port		
Driving License		
PAN Card		
Voter ID		
Photo		Affix recent Passport size color photo
PACCS Member Details		
Name of the PACCS		
Member No.		
PACCS Current A/c No.		

DECLARATION :

1. I hereby declare that the rules governing the Deposits Account have been read by me and that I agree to be bound by the rules and by-laws of the Bank/RBI Rules in force now.
2. The Particulars given above are true to the best of my knowledge and belief
3. I hereby declare that the amount deposited in the account are of my own .

Signature of the Applicant _____

_____

_____

FOR OFFICE USE ONLY

KCC Account is opened as per GO (Ms) No.132 dated 22.11.2016 of Cooperation Food and Consumer Protection (CNI) Department.

KYC details obtained as per RBI Norms

Risk Classification LOW / MEDIUM / HIGH

CIF No. _____

Account No. _____

Account opened by with user id _____

Authorized by with user id _____

Signature of the Branch Manager _____