THE GUNTUR DISTRICT CO-OPERATIVE CENTRAL BANK LTD., TENALI Branch Code : [Date: For Office use only Customer ID A/c.No. 1. Personal Details a) Full Name: b) Name of Father / Husband: c) Date of Birth: d) Sex: Male Unmarried Married Other 2. Residential Address: a) Street No: b) Door No : c) Village: d) Town / City : e) PIN Code: f) Phone No / Mobile No. g) E-mail: 3. Permanent Address: a) Street No: b) Door No: d) Town / City: e) PIN Code: f) Phone No / Mobile No. [4. Income Tax PAN (or) Form 60/61 (IT Act) SIGNATURE OF THE CUSTOMER 5. Identification details (Attach copies any one of document from each of the under mentioned two columns) **Proof of identity Proof of Address** (a) Aadhaar a) Aadhaar b) Credit Card Statement (b) Passport (c) Voter ID Card c) Salary Slip (with address) (d) PAN Card d) Income Tax/Wealth tax assessment order : (e) Govt. / Defence ID Card: e) Electricity bill (f) Driving License f) Telephone bill (g) Phone ID card issued by post office g) Ration card Issued at: _ Issued at : _ Issued Date: Issued Date: Date of Expiry: Date of Expiry:

6.	Customer profile :				
	1) Salaried : 2) Self Employed / Professional : 3) Business :				
	4) Student : 5) Agriculture & Allied : 6) Others Specify :				
	If self Employed :				
	1) Doctor: 2) Lawyer: 3) Engineer: 4) C.A.: 5) Others	;:			
7.	Monthly Income :				
	1) Upto Rs. 5,000/- 2) From Rs. 5,000 to Rs. 10,000				
	3) From Rs. 10,001 to Rs. 20,000 4) From Rs. 20,001 to Rs. 50,000				
	5) From Rs. 50,001 to Rs. 1 Lac				
	7) Above Rs. 5 lakh				
8.	. Do you have an A/c in any other branches of our Bank? If so, please give details				
	Name of the Branch(es) Type of A/c(s) A/c No.(s)				
	1.				
	2.				
	3.				
9.	Customer type: Staff Rtd. Staff Public Institution Soc Rtd.Sr.Citizen Staff Public Sr. Citizen				
10.	D. A/c Type :				
	SB A/c C/A No Frill A/c FD A/c BLD A/R D A/c Special Deposit	/c			
11.	. In case of Term Deposit :				
	Amount Period Years Months Day				
Rate of Interest \(\bigcap \) \% Interest period : Monthly \(\bigcap \) Quarterly \(\bigcap \) Half Yearly					
	Maturity Amount Maturity Amount				
	Auto Renual Yes No				
	Auto Closure Yes No				
	If Yes Specify SB A/C details : S.B.A/C No.				
i.	Mode of operation :				
	a) Self only b) Either or survivor c) Former or Survivor	- 🔲			
	d) Any one or Survivor e) Jointly f) Minor's A/c				

If either or Survivor (o	r) joint A/c obtain declaration	separately in another form	from each person.
1) Name of the persor	٦.		
2) Address			
b) Name	of birth of minor e of the Guardian		
c) Relati	·		
d) Addre * (Note) KYC norms to			
Specimen Signatu	-		
1.		1.	
2.		2.	
3.		3.	
		Specimen Signature of	Guardian :
		1.	
KYC Complied:	Yes No No	2.	
		3.	
S.A	Asst. Ma	nager	Manager
12. Introduction: I know the applic of occupation and address	Asst. Ma	year(s) and	
12. Introduction:	cant/s personally for a period of ess as stated in the application.	year(s) and	
12. Introduction: I know the applic of occupation and address SB A/C No.:	cant/s personally for a period of ess as stated in the application.	year(s) and	I confirm correctness
12. Introduction: I know the applic of occupation and address A/C No.: Name of the Introducer Date:	cant/s personally for a period of ess as stated in the application. Asst.Manager/Manager	year(s) and Signature Sign	I confirm correctness re of introducer
12. Introduction: I know the application and address SB A/C No.: Name of the Introducer Date: S.A. GDCC Bank L. GDCC BANK DA-1	cant/s personally for a period of ess as stated in the application. Asst.Manager/Mana	year(s) and Signatur ger Authorize Branch Contact Name: Date:	confirm correctness re of introducer ded Signatory ode:
I know the application is a large of occupation and address B A/C No. : Description in the Introducer Date is a large of the Introducer Date i	Asst.Manager/Mana Asst.Manager/Mana Acknowledg Name of the Depositor	year(s) and Signatu Signatu Branch Co Name: Date:	re of introducer ed Signatory ode: mination in favour of has been
12. Introduction: I know the application of occupation and address SB A/C No.: Name of the Introducer Date: S.A. GDCC Bank Language Country DA-1 Account No	Asst.Manager/Mana Asst.Manager/Mana Acknowledg Name of the Depositor	year(s) and Signatu Signatu Signatu Rement Name: Date: Date:	re of introducer ed Signatory ode: mination in favour of has been during your life time, ral of the RBI and the
12. Introduction: I know the application of occupation and address SB A/C No.: Name of the Introducer Date: S.A. GDCC Bank Language Country DA-1 Account No	Asst.Manager/Mana Asst.Manager/Mana Asst.Manager/Mana Acknowledg Name of the Depositor of the Bank. notwithstanding the fact this of the non-resident nominee we	year(s) and Signatur Signatur Signatur Signatur Rement Name: Date: Date: Deposit is freely repatriable of the approvement to time (Applicable in care)	re of introducer ed Signatory ode: mination in favour of has been during your life time, ral of the RBI and the
12. Introduction: I know the applic of occupation and address A/C No.: Name of the Introducer Date: S.A. GDCC Bank L. GDCC	Asst.Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/Manager/M	year(s) and Signatur Signatur Signatur Signatur Rement Name: Date: Date: Deposit is freely repatriable of the approvement to time (Applicable in care)	re of introducer ed Signatory ode:

13. NOMINATION DETAILS (FORM DA1) (ONLY ONE INDIVIDUAL NOMINEE PERMITTED)

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking

Companies (Nomination) Rules 1985 in respect of bank deposits. ____(Address) I / We (name) _____ _____ nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by GDCC BANK Ltd., Tenali. Name ____ Address : Same as primary applicant : ______ If different from primary applicant _____ Relationship with depositor, if any ______ Age _____ Years if nominee is a minor, his / her date of Birth : _____ * As the nominee is a minor on this date, I / We appoint (name) : ______ _____ Relationship with Minor* _____ Address : Same as primary applicant : ______ If different from primary applicant _____ 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. Signature of Witness _____ **Signature of primary depositor _____ Name _____ Name _____ Address _____ Address _____ Date _____ Place _____ Signature of joint holder(s) * Strike out if nominee is not a minor **Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.