Savings Account Opening Form for Resident Individual Profile / निवासी भारतीयवांगी व्यक्ति रूपमा खाता खोलने अधिकारी अर्ज

Please open an account as per details given below (✓ whichever is applicable) / खातारूपित निवासी भारतीय व्यक्ति खाता खोलने

Branch / स्थान : Branch SOL ID : FORM NO. : SB

Account No./ खाते क्र. : 

I/ We wish to open an Account at your Branch. मे/आम्ही आयुक्तांना खाता खोलण्याची इच्छा असून

[ ] Regular / निविदित [ ] Cosmo Premium / कॉस्मो प्रमुख [ ] Cosmo Salary / कॉस्मो सॊल्यूचित
[ ] Cosmo Kidz / कॉस्मो किड्स [ ] Cosmo Premium Plus / कॉस्मो प्रमुख प्रमुख [ ] Jansanchay / जनानुपयोगी
[ ] Cosmo Youth / कॉस्मो युवा [ ] Cosmo Premium Salary / कॉस्मो प्रमुख सॊल्यूचित [ ] BSBDA / बैंक सॊल्यूचित लिंक वाचक
[ ] Cosmo RuPay Card [ ] Cosmo Visa Debit Card [ ] Youth Card [ ] Cosmo Kidz Card [ ] Cosmo Jansanchay Card

Name to be embossed on ATM / VISA Card

[ ] Cosmo Net ( [ ] View only [ ] Transaction) [ ] 1st Holder [ ] 2nd Holder [ ] 3rd Holder [ ] All

[ ] CosMobile- Mobile Banking [ ] SMS Banking (Mobile No.)

[ ] Cosmo E-Statement (Frequency- [ ] Monthly [ ] Quarterly [ ] Six Monthly [ ] Yearly)

Please offer me :

[ ] Cheque Book [ ] Flexi Fixed Deposit Scheme (Auto Sweep)

I/We wish to avail of following E-Banking Services / मे/आम्ही वैद्युतीय वाचक सेवा वाचक इच्छेचित्र करणारे.

Personal Details / वैद्युतीय वाचक नाव

1st Applicant's Name

First Name [ ] Middle Name [ ] Surname [ ]

Name [ ] नाम [ ] विवरण [ ]

Customer ID / ग्राहक क्र. [ ] User ID [ ] User Level [ ]

2nd Jt. Applicant's Name

First Name [ ] Middle Name [ ] Surname [ ]

Name [ ] नाम [ ] विवरण [ ]

Customer ID / ग्राहक क्र. [ ] User ID [ ] User Level [ ]

3rd Jt. Applicant's Name

First Name [ ] Middle Name [ ] Surname [ ]

Name [ ] नाम [ ] विवरण [ ]

Customer ID / ग्राहक क्र. [ ] User ID [ ] User Level [ ]

Operating Instructions

[ ] Single / स्वयं [ ] Joint / संयुक्त [ ] Either or Survivor / एवं विविध [ ] Former or Survivor / पूर्व विविध विवरण

Initial Deposit:

Cash [ ] Cheque (Cheque No. [ ] Date [ ] Amount ₹ [ ]

*Important Note: Level-1 Initiator Level-2,3 Approver Level-4 Initiator & Approver (only in case of A/c operation Self, E/S, Anyone)

For Minor's Account / अज्ञात अन्धव्यक्ति खातारूपित व्यक्ति

Name of the Parent / Natural Guardian

I hereby declare that the Date of Birth of the above minor who is my [ ] is [ ] and I am his/her natural/legal guardian appointed by the court order dated (copy enclosed). I shall represent the said minor in all future transactions of any description, in the above account until the said minor attains majority. I undertake to indemnify The Cosmos Co-op. Bank Ltd. against the claim of the above minor for any withdrawal/transaction made in his/her account.

I जी/जी जन्म दिन [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे. [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे. [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे. [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे. [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे. [ ] जी/जी न्यायाली पत्रिकेचित्र अभावाचे कारण असे.

Signature of Guardian / पालनकर्त्यांची सही

Account Usage

<table>
<thead>
<tr>
<th>Deposits</th>
<th>Withdrawals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anticipated number of cash transactions per month</td>
<td></td>
</tr>
<tr>
<td>2. Anticipated value of transactions per month</td>
<td></td>
</tr>
<tr>
<td>3. Total funds expected to be deposited in the account over next three months</td>
<td></td>
</tr>
<tr>
<td>4. Anticipated number of transactions per month (cheques / transfer etc.)</td>
<td></td>
</tr>
</tbody>
</table>
Nomination Form - DA - 1 / नामांकन फॉर्म डी ए - 9

☐ Yes, I/We wish to nominate (as per details below). ☐ No, I/We declare that we do not wish to make a nomination in my/our account.

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

Nominee the following person to whom in the event of my/our minor’s death, the amount of the deposit, particulars whereof are given below, may be returned by The Cosmos Co-op. Bank Ltd. __________ Branch (Name & address of branch/office where deposit is held)

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.

Rules & Regulations / जाहिरातीमार्ग व सूचना

1. If you do not receive welcome letter within 2 weeks of the date of submission of the form kindly contact the branch.

2. The savings account should be used to route transactions of only non business/ non commercial nature. In the event of occurrence of such transaction or any such transaction that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and or close the account.

Comprehensive Declaration & Instructions / जाहिरातीमार्ग व सूचना

I/We confirm having read and understood the account rules and hereby agree to be bound by the terms and conditions governing the account which I/We am / are opening / will open and amendment to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its Notice Board or on its website- www.cosmosbank.com and those relating to various services offered by the Bank including but not limited to ATM Card/ Debit Card / Internet Banking / SMS Banking / Mobile Banking / Flexi Fixed Deposit Scheme / Sweep in Sweep Out and other facilities offered by the Bank. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

I/We have read/ understood and agreed to ‘Most Important Terms & Conditions’ including the interpretation of rules, risk, limits, charges and other conditions.

I undertake that the saving account will be used to route transactions of only non business / non commercial nature. In event of occurrence of such transactions, Bank reserves the right to unilaterally freeze the account operations and / or close the account.

In case of joint accounts, instructions received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders.

For Salary Account

As per the arrangement my salary will be credited every month through your Bank. In case I cease to be an employee, by reason of my resignation, retirement, suspension or dismissal, I shall intimate in writing to your Bank. The Bank can convert my salary account to a regular savings account in case there are no salary credits in my account for 3 consecutive months. I undertake to complete KYC requirements, if and when called upon by the Bank for continuing operations in the account as a normal SB account. In case I fail to comply with Bank's requirements, you may suspend operations / close the account.
For Premium / Royale Account

Bank reserves the right to revise the charges applicable to any of the chargeable services or to discontinue any of the free services without prior notice. Other rules applicable to Saving Bank Account will be applicable to requested scheme. If I/We fail to maintain the prescribed balance in the account under requested scheme, for consecutive 4 quarters. Bank reserves the right to shift the account to Regular Saving Account Scheme and withdraw the benefits offered under requested scheme without prior notice. I/We hereby given my/our consent for the same.

For Net / Mobile Banking

- In case you find multiple customer IDs attached for my different accounts, I accept & agree to merge those multiple customer IDs in one customer ID, as per RBI directive which will also be used as authenticated login user ID for Internet Banking / Mobile Banking.
- I/We authorize the applicant to access the account(s) via the channels selected further. We accept and agree to be bound by the said terms and conditions for the use of Internet Banking / Mobile Banking selected services.
- Cosmos Bank shall not be responsible and liable to monitor the nature of expense incurred by the use of the said Net Banking facility.
- All transactions carried in the above mentioned account/s through use of the Net Banking facility shall be binding on the corporate entity and Cosmos Bank shall at all times be kept saved and harmless from all claims, demands, proceedings losses, damages cost, charges and expenses whatsoever which Cosmos Bank may at any time incur, suffer or to be put as a consequence of or by reason of or arising out of transaction carried out through the Net Banking facility.
- Cosmos Bank shall at all times be informed of any change in the operating instructions for Net Banking facility by furnishing necessary documents in writing and in such events to change the Net Banking password forthwith.
- I/We further agree that since the mode of operation of our Account is joint (one initiator & all other approvers), the transaction/s initiated by any one holder will have to be approved by other joint holder/s. I/We further affirm, confirm and undertake that I/We will be responsible for any action by any of us using Internet Banking Facility.
- I/We hereby state that should I/We wish to charge/revoke the above authorization, I/We shall duly submit a change mandate to that effect to the Bank.
- I/We hereby affirm that till 10 (ten) working days, after receipt of such change mandate existing account operations shall be hold good.
- I/We confirm that I/We will keep all banking information and password securely. I/We will not share any of important banking information to any unknown person.
- I/We also confirm that all the information given above belongs to me and can be used to update my records in your Bank.

Signature of 1st Applicant

Name

Signature of 2nd Applicant

Name

Signature of 3rd Applicant

Name

I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that I/We have signed in the presence of Bank Officer Mr. / Ms.

I/We hereby state that should I/We wish to charge/revoke the above authorization , I/We shall duly submit a change mandate to that effect to the Bank. I/We hereby agree that till 10 (ten) working days, after receipt of such change mandate existing account operations shall be hold good.

I/We confirm that I/We will keep all banking information and password securely. I/We will not share any of important banking information to any unknown person.

I/We also confirm that all the information given above belongs to me and can be used to update my records in your Bank.