

Sr. No.



Regd. Office

TJSB House, Plot No.B-5, Road No.2, Wagle Estate, Thane (W)-400604. Ph.: 2587 8500

CHILD SAVINGS BANK

Account Opening Form

DATE : ____ / ____ / ____ BRANCH : _____

Customer No. CHILD

A/c No. _____

ग्राहक क्र.:

PARENT

खाते क्र.:

Please open a CHILD ACCOUNT as per details given below in my/our minor son's / daughter's name in your bank. Kindly furnish a Pass Book of my son's / daughter's / minor child's CHILD ACCOUNT and please note my /our specimen signature/s on behalf of my son / daughter / minor, as under

Surname

First Name

Middle Name

Name (Master / Miss) _____

Address : _____

Pin Code _____

Date of Birth : _____ Aadhaar Card No. _____

Name of the School / College :

Address _____

Pin Code _____

(Photo)

(Only major or minor above 10 / 14 years should sign here)

Name of the Guardian : _____

Address : _____

Pin Code : _____

Tel: _____ Mobile : _____ Email : _____

Date of Birth : _____ PAN No. _____

Aadhaar Card No.: _____

Photo of
Guardian**Proof of Identity for Guardian/ Child****List A**

a. PAN Card	
b. Driving Licence	
c. ID Card of reputed employer/ Educational Institute	
d. Voter's ID Card	
e. Govt. / Defence ID Card	
f. Identity confirmed from School (as below)	
g. Aadhaar Card	
h. Any other _____	

Proof of Present Address**List B**

a. Latest Electricity Bill/Tele. Bill/ LIC Premium Receipt	
b. Letter From Employer/ Educational institute giving present residential address	
c. Photo copy of Agreement of residential flat	
d. Maintenance Receipt	
e. Income / Wealth Tax Assessment Order	

Signature of Guardian

INTRODUCTION

We certify that Master/Miss _____ is a student of our school _____ for the last _____ months / years. We confirm that his / her date of birth, address and the names of natural / legal guardians / as stated on this application is correct as per our records.

Name of the authorised signatory : _____

Name of the School : _____

(Please affix Rubber Stamp & Signature with Designation)

I/We request you to kindly grant me / us the following facilities.
(Tick whichever is applicable)
 Rupay Card
 SMS Banking

 Cheque Book Issuance
 Link Aadhaar Card

I undertake & confirm authorization and power conferred upto the Bank and terms & conditions herein as read, accepted & agreed to, and irrevocable. These terms and conditions shall be construed and governed by the law for the time being in force.

Signature (Only Major / Minor above 10 years only)

ANNEXURE**NOMINATION FORM D A 01**

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

I/We _____

[Name (s) & Address (es)]

nominate the following person to whom in the event of my / our minor's death the amount of deposit in the account particulars where of are given below, may be returned by TJSB Sahakari Bank Ltd. _____ Branch.

Nature of Deposit & Distinguishing Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor his date of birth

* As the nominee is a minor on this date, I / We appoint _____

[Name, Address & Age]

to receive the amount of the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Place : _____

Date : _____

Witness (es) : Signature _____

Name (s) _____

Address (es) _____

** Signature(s) / †Thump impression (s) of Depositor/ s.

* Strike out if nominee is not minor. ** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. † Thump impressions shall be attested by two witnesses.

For Office use only

I confirm, compliance of KYC.

Signature of Officer : _____

Signature of ABM/BM : _____

Name of Officer : _____

Name of ABM/BM : _____

Employee Code : _____

Employee Code : _____

Branch Stamp : _____

Date : _____

Date : _____