



# Coastal Local Area Bank Limited

Regd. & Corporate Office :

D.No. 59-12-6, Grace Line, Ghantasalavari Veedhi,  
Gayathri Nagar, Vijayawada - 520 008. A.P.  
Ph : 0866-2494425, 2494426, Fax : 2494423  
website : www.coastalareabank.com

CIF No. 1

CIFNo.2

Account No.

Date : .....

## Savings Bank Account Opening Form (Indian Residents)

I/We request you to open my/our deposit account with your \_\_\_\_\_ branch/bank

### Purpose / Type of Account :

Salary  State Pension  Staff  Central Pension  Sr Citizen  Minor   
Scholarship(YUVA)  General  Saving  Other

### Constitution :

Individual  Joint Individual  Trust  Association  HUF  Other

### Mode of Operation:

Single  Either or Survivor  Former or Survivor  Anyone or Survivor  Jointly by all  Other

### Details of the Applicant (First Applicant)

Title: Mr.  Mrs.  Master  Miss  Dr.  Others

First Name Middle Name Surname

Father/Spouse/Guardian (in case the applicant is minor) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy)

Gender: M  / F  Marital Status: Single  Married  Other

Place of Birth : \_\_\_\_\_

Nationality: Indian/Others \_\_\_\_\_

Residential Status: Resident  Non Resident

Domicile : India/Others \_\_\_\_\_

### Contact details :

Phone : \_\_\_\_\_

Mob : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code :

Permanent Address (If different from residential) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code:

### Details of the Applicant (Second Applicant)

Title: Mr.  Mrs.  Master  Miss  Dr.  Others

First Name Middle Name Surname

Father/Spouse/Guardian (in case the applicant is minor) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy)

Gender: M  / F  Marital Status: Single  Married  Other

Place of Birth : \_\_\_\_\_

Nationality: Indian/Others \_\_\_\_\_

Residential Status: Resident  Non Resident

Domicile : India/Others \_\_\_\_\_

### Contact details :

Phone : \_\_\_\_\_

Mob : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code :

Permanent Address (If different from residential) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code:



**Proof of Identity :**

Id Proof : ..... Address Proof.....  
ID No. .... ID No.....  
Valid upto..... Valid upto.....  
Aadhaar No.(if available).....  
PAN No. ....  
(if not available, Fill in Form No. 60/61)

Name as to be printed on Card (Max 19 Char) (if used)

\_\_\_\_\_

Education : \_\_\_\_\_

Occupation : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Religion : \_\_\_\_\_

Caste : SC / ST / NT / OBC / GENERAL \_\_\_\_\_

Occupancy of Residence : Self Owned / Family Residence /  
Company Provided / Rented / Occupied on Lease / Purchased on Loan

**Introduction of existing Account Holder (Only if ID and address proof not submitted / Account opened under relaxed KYC)**

Name : \_\_\_\_\_

Account No. : \_\_\_\_\_

Signature : \_\_\_\_\_

**Proof of Identity :**

Id Proof : ..... Address Proof.....  
ID No. .... ID No.....  
Valid upto..... Valid upto.....  
Aadhaar No.(if available).....  
PAN No. ....  
(if not available, Fill in Form No. 60/61)

Name as to be printed on Card (Max 19 Char) (if used)

\_\_\_\_\_

Education : \_\_\_\_\_

Occupation : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Religion : \_\_\_\_\_

Caste : SC / ST / NT / OBC / GENERAL \_\_\_\_\_

Occupancy of Residence : Self Owned / Family Residence /  
Company Provided / Rented / Occupied on Lease / Purchased on Loan

**Introduction of existing Account Holder (Only if ID and address proof not submitted / Account opened under relaxed KYC)**

Name : \_\_\_\_\_

Account No. : \_\_\_\_\_

Signature : \_\_\_\_\_

Please extend the following additional Services you offer :

a) SMS Banking : Yes / No

b) ATM Debit Card : Yes / No

**Insure yourself (Accidental Insurance Scheme) (Optional)**

Yes, I would like to take advantage of Pradhan Mantri Suraksha Bima Yojana (PMJSBY). Please enroll me in the scheme by debiting my SB A/c. as per the premium amount and renew every year thereafter upto otherwise instructed. Under the Scheme Account Holders aged upto 70 years are provided with accidental Insurance cover of Rs. 2 Lakhs. (Premium presently Rs. 12/- per annum, subject to change every year.)

**Insure yourself (Life Insurance Scheme) (Optional)**

Yes, I would like to take advantage of Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY). Please enroll me in the scheme by debiting my SB A/c. as per the premium amount and renew every year thereafter upto otherwise instructed. Under the scheme Account holders aged upto 50 years are provided with Life Insurance cover of Rs. 2.00 Lakhs (Premium Rs. 330/- per annum, Subject to change every year).

**Authorisation and Undertaking by applicants**

I / We confirm that we have read and understood the account Rules and I / We hereby accept and agree to be bound by the terms and conditions, outlined in these rules which govern the above selected account(s) and services and amendments there to made by the Bank from time to time.

I/We agree that the bank may debit my account for service charges / incidental charges as applicable from time to time. I / We understand that the bank may at its absolute discretion discontinue any of the services completely or partially and / or close the account without any notice to me / us in case account operations are not satisfactory which include frequent dishonour of cheques / dishonour of high value cheques, etc. In the event of death, insolvency or withdrawal of any one or more of us, the monies then and thereafter standing at the credit of the said account and / or any securities held by you in our account be at the disposal of the survivor or survivors of us.

I / We confirm that I am / We are resident of India and I / we certify that the information furnished above is true and correct to the best of my / our knowledge. I/We authorize the bank to verify the details given therein through any third party as necessary. This authority shall be in force until any one of us revokes by a notice in writing delivered to the bank and duly acknowledged by the bank.

I/We hereby declare that the information furnished above is true and correct to my knowledge. I/We authorize the bank to verify the details given herein through any third party as may be necessary. I give my consent to make the use of the data/ information furnished by me for making analysis and its use for the banks own purpose.

\_\_\_\_\_

Applicant 1

\_\_\_\_\_

Applicant 2

Signature  
Applicant 1

Signature  
Applicant 2

Date : ...../...../.....

**Form DA1 - Nomination Form**

Nomination under Sec.45ZA of the Banking Regulation Act,1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank deposits.

I/We : \_\_\_\_\_ (Name) residing at \_\_\_\_\_ (Address) 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 Coastal Local Area Bank Ltd., \_\_\_\_\_ branch.

Name & Address of the nominee	Relationship with Depositor, if any	Age	Date of birth of Nominee

As the nominee is a minor on this date, I/We appoint \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Age) \_\_\_\_\_ (Account No of Nominee if having account with Coastal Local Area Bank Ltd.,) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

**OR**

I/We Do not wish to keep Nomination

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

( **Signature(s) / Thumb impression of Depositors**  
\* *Thumb impression (s) shall be attested by two witnesses.* )

**Personal details & Signature of witness :**

1) Name : \_\_\_\_\_

2) Name : \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

Sign : \_\_\_\_\_

Sign : \_\_\_\_\_

Place & Date : \_\_\_\_\_

Place & Date : \_\_\_\_\_

**FOR BRANCH USE ONLY**

Particulars of Form DA1 (if received) entered in Nomination Register Sr. No. \_\_\_\_\_ Dt. \_\_\_\_\_

Officer \_\_\_\_\_ Ledger Keeper \_\_\_\_\_

**Acknowledgment**

We have noted the nomination in Nomination Register Sr. No. \_\_\_\_\_ Dt. \_\_\_\_\_ for your account No. \_\_\_\_\_

Branch Seal.

Branch Manager(\_\_\_\_\_ Branch)



**FORM NO. 60** [See third provision to rule 114B]

Form of declaration to be filed by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B.

1. Full name and address of the declarant  
.....  
.....
2. Particulars of transaction .....
3. Amount of the transaction .....
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) Reasons for not having permanent account number/ General Index Register Number?.....
6. Details of the document being produced in support of address incolumn (1)  
.....  
.....

**Verification**

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

**FORM NO. 61** [See provision to clause (a) of rule 114C(1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B.

1. Full name and address of the declarant  
.....  
.....
  2. Particulars of transaction.....
  3. Details of documents being produced in support of address in column(1) Yes/No
- I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.  
Date : .....  
Place : .....  
Signature of the declarant

**Verification**

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

**For Office Use only**

C.I.F. No. 

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Account No. 

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Scheme Code \_\_\_\_\_ Account Scheme \_\_\_\_\_ Branch \_\_\_\_\_

Risk categorisation : Low  Medium  High

Treshold limit : Rs. \_\_\_\_\_

Name of the applicant does not find place in caution list : Yes  No

KYC norms and AML guidelines are complied with : Yes  No

All relevent document copies pertaining to KYC/AML guidelines verified with originals : Yes  No

Nomination Registration No. :

Specimen Signature scanned : Yes  No

Signature of Asst. Manager

Br. Manager

Date :

Date :