Hereining আল হাবিব ইসলামিয়া আল হাবিব ইসলামিয়া আল হাবিব ইসলামিয়া আল হাবিব ইসলামিয়া আল হাবিব ইসলামিয়া

M.S. Co-Operative Soc. Ltd. মাল্টি স্টেট কো-অপারেটিভ স							
(Registered under Multi State Cooperative Societies Act 2002. Vide Regd. No:- MSCS/CR/1520/2	.024)						
The Branch Manager, <u>ACCOUNT OPENING FORM</u> A / C No : ۲ ا المهناي الحوالية الموالية الموالي							
Branch Cust / Member ID :							
Date : D D M M	YYYY						
Dear Sir / Madam, i / We request you to accept in cash / cheque a sum of Rs(Rupees							
) and open an A/C with you as per details given below							
A/C Type : Zero Balance Saving A/C. Daily Collection Savings A/C General Savings A/C Eid Utshab F	Rec A/C						
Fixed Deposit (FD). Recurring Deposit (RD). MIS Deposit. Period ofYear	Months						
PERSONAL INFORMATION							
1st Applicant Details							
Mr./ Mrs./ Ms.:							
Father / Husband's Name:							
Mother Name: Marital Status: Married	Unmarried						
Date of Birth: D M Y Y Y Gender : M F TG, Nationality: INDIAN , Religion:							
PAN No.: UID No: Voter / Epic No.:	UID No: Voter / Epic No.:						
Address.:							
Mob : Mob: Mob: Mail Id:							
Occupation : Service. Business. Housewife. Student Retired Self Employed Other							
Annual Income : Up to 60000. 60001 to 120000. 120001 to 240000 240001 to 360000 360001 & abo	ove						
2nd Applicant Details							
Mr./ Mrs./ Ms.:							
Father / Husband's Name:							
Mother Name: Married Married	Unmarried						
Date of Birth: D D M M Y Y Y Gender : M F TG, Nationality: INDIAN , Religion:							
PAN No.: UID No: Voter / Epic No.:							
Address.:							
Pin Code:							
Mob : Mob: Mail Id:							
Annual Income : Up to 60000. 60001 to 120000. 120001 to 240000 240001 to 360000 360001 & abo	we						
Proof of Identity & Adress							
Identity Proof : Passport Aadhaar Card. PAN Card. Voter Card. DL Govt. Photo ID Employer's	D Card						
Address Proof : Passport Aadhaar Card. Voter Card. DL Govt. Photo ID card Electricity Bill							

🔬 Fl Habib Işlamia M.S. Co-Opërativë Soç. Ltd

الجزياتية							
Introduction by e	existing Member of Al	Habib Islamia M.S. (Co-Operative So	c Ltd			
Ι		(Name) A/C No:			confirm that I am an accou	int	
holder with Al Habit	b Islamia M.S. Co-Operativ	ve Soc. Ltd. and that I k	now Mr./Mrs./Ms	<u> </u>			
since last	months/years. I als	o confrim his/her/their i	dentity, occupation	and address	s as stated in this application to ope	ən	
account.							
			Sic	inature (s)/ Left	hand thumb impression(s) of the Introdusor'	S	
Nominee Details	1						
I/we (Name)		Age	Addres	c			
		Aye_	Audres		e the following person to whom in t	 he	
event of my /our de	eath the amount of deposit	in the above account m	ay be returned by <i>i</i>		mia M.S. Co-Operative Soc.Ltd.		
In case of I	Deposit is in the name of minor Guardian Declaratio			nature (s)/ Left	hand thumb impression(s) of the Depositor's	6	
I hereby declare that the	date of birth of minor which is my	is and I am	his / her natural and law	ful guardian/gua	ardian appoited by court order		
	represent the said minor in all futu						
	attains majority. I declare that the a		•				
	the minor. I indemnify the company nade by me in his / her account.	y against the claim of the above		ionature (s)/ Let	ft hand thumb impression(s) of the Guardian		
Service Request				5 ()	1 (7		
20							
ATM / Debit Card: SMS Alert :	YesNo _YesNo						
Mobile Banking :	Yes No						
Email Statement :[yes			No			
2000 and Above Ma (for High Value Transaction a	aintanance Account : Yes	No					
		d upon the rules and reg	gulations of ALHabit	Islamia M.S	6. Co-Operative Soc. Ltdin force a	nd	
	time to time by the society.						
,	•	•	•	• •	able businesses on profit loss sharir	ıg	
					siness on normal market risk. se decision will be binding on me / u	S.	
	presentative will join Grieva			-		0.	
Place:							
Date:			Sig	nature (s)/ Left	hand thumb impression(s) of the Depositor's	3	
Signature of Aut	thorised Signatories (F	Presence of the Soci	ety's Officials)				
•		(One Sing across)			
1st Applicant			2nd Applicant				
	-			_			
Passport			Passport				
Size	Signature (s)/ Left hand thumb imp	ression(s) of the 1st Applicant	Size	Signature (s)/	Left hand thumb impression(s) of the 2nd Applicar		
Photograph			Photograph				
	Signature (s)/ Left hand thumb imp	ression(s) of the 1st Applicant		Signature (s)/	Signature (s)/ Left hand thumb impression(s) of the 2nd Applicant		
Mode of Operati	on : Self Jointly	Either Or Surviver	Any Two Join	tly			
Office Use							
Membership No:			A/C No:				
Sing by depositer in my presence. Acc Original document Verified by me & found ok.		Account o Verifie	pened & d by		Authorised by		
Signature of Employee Signature of Officer			f Officer		Signature of Authoriser		
Employee Name with (Code) No :		Officer Name with (Code) No :		Auth	Authoriser Name with (Code) No :		