

# Nomination Details

(Only One Individual Nominee is Permitted)

Nomination No.:

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

I/we (Names) \_\_\_\_\_ 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 whereof are given below may be returned by HKC Bank

Branch.

**Details of the Deposit**

**Details of the Nominee**

Nature of the Deposit	Additional Details if any	Name	Address	Relationship with the Depositor, if any	Age	Date of Birth (In case of minor)
					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

As the Nominee is a minor on this date, I/we appoint (Guardian's Name) \_\_\_\_\_

(Relationship with the minor)

, (Address)

(Age) \_\_\_\_\_ 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.

Signature of the 1st Witness\*

Signature of the 2nd Witness\*

Signature of the Depositor

1st Witness' Name:

Name:

Address:

Address:

2nd Witness' Name:

Address:

Date:

Date:

Place:

Signature of the Joint Holders:

\*In case of an illiterate person

**For Office Use**

I hereby certify that this Account Opening form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in Core Banking System.

For Harit Krishi Co-Operative Bank

Signature of the Branch Head/Asst. Branch Head  
with Emp. No./S.S. No.

Date:

# Personal Data Form (Part B)

Date:         Branch:  Branch Code:

Name in full (In BLOCK Letters):

CIF (For Bank's Use):

A/c No.:

Nationality:  Religion:  Gender:  Male  Female  Others

Marital Status:  Single  Married

Caste:  General  SC  ST  OBC  Others  If others, Pls. Specify

Whether a Senior Citizen: (if yes, enclose an Age Proof)  Yes  No

Whether a Pensioner:  Yes  No

Qualification:  School  Graduate  Post-Graduate  Others (Please specify)

Total No. of Family Members:  No. of Adult(s)  No. of Minor(s)

Occupation:  Salaried  Business  Self-employed  Pensioner  Student  Agri. & Allied  Others

If Salaried, employed with:  Private Sector  Public Sector  Partnership  Govt.  Multinational  Proprietorship  Others

Self-employed since:   Years   Months

Nature of the Business:  Manufacturing  Service Provider  Agriculture  Real Estate  Trader  Others

Self-employed Professional:  Doctor  CA/CS  Lawyer  Architect  IT Consultant  Others

Monthly Household Income:  Up to ₹ 5,000  ₹ 5,000 -10,000  ₹ 10,001-20,000  ₹ 20,001-50,000  ₹ 50,001-1,00,000  Above ₹ 1,00,000

Residence Type:  Owned  Rented  Family Owned  Company Provided

Assets owned:  Building/ Apartment  Land  Car  Two-Wheeler  Others (Please specify)

Loan with other Bank:  Personal Loan  Auto Loan  Two-Wheeler Loan  Housing Loan  Credit Card  Others

**Marketing :**

In our endeavour to serve you better, HKC Bank communicates from time to time with relevant products and services or promotional offers. Please tick on below mode(s) to

receive such communication through  Email  SMS #  Telephone  None

# SMS alert will be sent to the Registered Mobile No.

I have no objection if HKC Bank may use any of the above information for its own business promotion with me.

Place:

Date:

Signature of the Applicant