



FINLANDTM
Co. Op. Credit Society Ltd.
REG/AHD/C/SE(SH)46749/2022

ACCOUNT OPENING FORM

Date :

Type of Account	Saving A/c <input type="checkbox"/>	Current A/c <input type="checkbox"/>	Recurring Deposit A/c <input type="checkbox"/>	Daily Deposit A/c <input type="checkbox"/>
	MIS <input type="checkbox"/>	Fixed Deposit <input type="checkbox"/>	Personal Loan <input type="checkbox"/>	Business Loan <input type="checkbox"/>
	Daily Loan <input type="checkbox"/>	Education Loan <input type="checkbox"/>	Special Purpose Loan <input type="checkbox"/>	Others :- <input type="checkbox"/>

I/We request you to open my/our deposit account branch/bank as under : (Tick (✓) relevant type of account)

Account No. :

AADHAR CARD NO. : <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"/> <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"/> <input type="text"/>	PAN CARD NO. : <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"/> <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"/>
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____

FULL NAME, In Capital Letters (in the order of first, middle and last surname, leaving a space between words)		Gender
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FATHER NAME	MOTHER NAME	PAN (If not available, please attach form 60/61)
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Date of Birth (dd/mm/yyyy)	Occupation*	Status*	Annual Income (in Rs.)	Relationship with 1st Applicant
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Cast : SC ST OBC GENERAL OTHER

Salaried	Self Employed	Professional	Politician	Housewife	Student	Other
Retired	Stock Broker	Agriculture	Pensioner	Defence Staff	Business	

** Please Choose from the following (if Staff/ Ex-Staff, Mention E.C. Number) :

Minor	Sr. Citizen	Staff (EC No. _____)	Ex-Staff (EC No. _____)	NRI	Other General
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Name of the Guardian (in Case of minor) : (Attach proof for minor's Date of Birth)	Relationship with minor (✓ tick one)				
	F & NG	M & NG	Legal*	De facto	Others

Operating instruction (Please mark ✓ in appropriate box) :

Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Pl. Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities required (Please mark in appropriate boxes) :

Cheque Book <input type="checkbox"/>	Statement of Account through
Issued Cheques SeriesNo. _____ to _____	Pass Book Post E-Mail
Date _____	Statement Frequency : Monthly quarterly

Facility Required [] SMS Alert <input type="checkbox"/> Yes <input type="checkbox"/> No	Debit cum ATM Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Banking <input type="checkbox"/> Yes <input type="checkbox"/> No
(* Please fill up separate application for internet Banking)		IMPS <input type="checkbox"/> Yes <input type="checkbox"/> No

Residential Address

	First Applicant	Second Applicant	Third Applicant
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
State and Country			
Pin Code			
Tel no. / Fax No.			
Mobile			
E-mail			

OTHER INFORMATION : (✓ TICK ONE)

Education : Non Matric SSC/HSC Graduate Post Graduate

Monthly Income (Rs.) : Upto 5000/- 5001-10000 10001-20000 20001-50000 50001-1 lac Above lac

Monthly Income Agriculture Non Agricultural

Expected Annual Turnover in the A/c. Rs.

If salaried, Employed with : (✓ Tick one)

Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Other (Pl. Specify)
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If Professional : (✓ Tick one)

Doctor	Architect	CA/CS	IT Consultant	Engineer	Lawyer	Other (Pl. Specify)
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If Business : (✓ Tick one)

Manufacturing	Real Estate	Service Provider	Trader	Agriculture	Stock Broker	Other (Pl. Specify)
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GST Number	Udhyam Registration No.	Licence No. (If any)
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DECLARATION (Please mark (✓) in appropriate boxes :

I/We declare that I/We do not enjoy any credit facilities with other bank/s & not member of any Credit Societies.

I/We declare that I/We have following credit facilities with your / other Credit Societies.

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

Nomination Form

Nomination under The Gujarat Co-Operative Society Act 1962. I/We _____ name(s) nominate the following persons to whom in the event of my / our minor's death, the amount of the deposit, particulars where of are given below may be returned by The Finland Co-Operative Society LTD.

Deposit	Nominee		
Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Date of birth (If Nominee Is a Minor #)

As the nominee is a minor on this date, I/We appoint Mr./Mrs./M/s. _____ Address _____ Age _____ to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Date : _____

Place : _____

To stick out if nominee is not a minor

@ Signature, Name and Address of Witness	@ Signature / Thumb Impression of Depositors

* Where deposit is the name of a minor the nomination should be signed by a person lawfully entitled to act behalf of the minor.

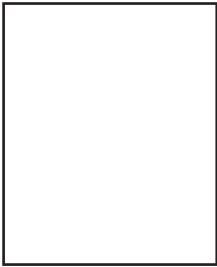
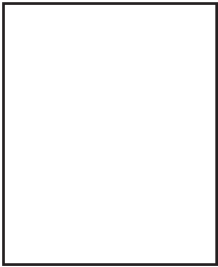
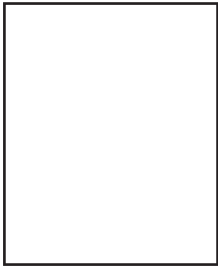
@ & thumb impression(s) of depositor(s) should be witnessed one person(s).

Introduction from and existing account holder (at least six months old satisfactorily conducted and KYC compliant account) :

Name :		Account No. :
		Customer ID :
Tel. No. :	Mobile :	Type of A/c. SB/CA/CC/OD :

[] I/We Certify that Mr./Mrs./Ms. _____ is/are known to me/us personally since last _____ months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Date : _____ **(Signature of Introducer)**

TITLE OF THE ACCOUNT		
ACCOUNT No.		
OPERATING INSTRUCTIONS		
Photograph	Photograph	Photograph
		
Name	Name	Name
Specimen Signature	Specimen Signature	Specimen Signature
Customer ID	Customer ID	Customer ID

Credit Society in whose presence signed **Officer Name:**..... **Signature:**.....

TERMS & CONDITIONS & DECLARATION (Please mark () in appropriate) :

I/We have read, Understood and agree to abide by the Society rules relating to the conduct of the above accounts / services / products / Fee & charges which are displayed on the website www.finlandhub.com / contained in the brochures of the Society from time to time.

- [] I/We wish to be informed about the various fetures/products and promotional offers made by the Society from time to time.
- [] I/We wish to be informed about the various fetures / products and promotional offers made by the Society from time to time.
- Please issue At per / Normal cheque book and recover charges from my/our account as per norms of the Society (Give Option)
- Account will be operated and balance along with interest payable as per operational instructions given above.
- I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- I Will indemnify the Society against the claim of the above minor of any withdraw/transactions made by me in his/her account.
- I/We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- I/We also agree to maintain the minimum / quarterly average balane which the Society may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Society. I/We understand that any change in this respect will be notified by the Bank of its website:www.finlandhub.com and also will be displayed on the notice board of the branches one month in advance.
- I/We shall fill up separate pay-in-slip prescribed by the Society for various time deposite schemes. I/We understand that the Team deposit shall be under auto-renewals scheme of the Society unless otherwise specified by
- I/We shall fill up separate pay-in-slip prescribed by the Society for various time deposite schemes. I/We understand that the Team deposit shall be under auto-renewals scheme of the Society unless otherwise specified by application. The Finland Co. Op. Credit Society Ltd. and it's group entities / societies are empowered to exchange, share or part with all the information, date or documents relating to my/our application inter se among themselves or to other Societies / Financial institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Societies / Financial Institutions / Credit Bureaus / Agencies / Users registered with such agencies.

(Self / First Applicant)

(Second Applicant)

(Third Applicant)

Declaration/Undertaking

- 1) I/we declare that I/we have read and agreed upon the rules and regulations of The Finland Co. Operative Credit Society Ltd. in force and also framed from time to time by the society.
- 2) I/we authorize the society to invest the amount in my/our Investment Deposit Account in any profitable businesses on profit loss sharing system. I/we hereby indemnify the society and its office bearers from any loss that might occur in business on normal market risk.
- 3) I/we agree to refer our problem, in case of any dispute, to Grievance Redressal Cell of Society whose decision will be binding on me/us. One of my/our representative will join Grievance Redressal Cell for discussion and decision.

Place: _____ **Date:** _____ **Signature of the Applicant:** _____

Declaration in Case of Minor Account opened by a Member

I hereby declare that the date of birth is/...../..... of the minor who is my and I am his/her natural guardian/lawful 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 indemnify the society of the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Place: _____ **Date:** _____ **Signature of Guardian:** _____

KYC IDENTIFICATION DOCUMENT / SPARES TO BE SUBMITTED BY APPLICANT(S) (Any one document from each of the following two lists subject to Societies Satisfaction.)

LIST - I (Latest / recent photo identification documents)	LIST - II (Latest / recent documents showing address proof)
1. Passport	1. Passport
2. Driving Licence with Photograph	2. Driving Licence with Address, Voter's Identity Card
3. Voter's Identity Card	3. Telephone Bill, Electricity Bill, Ration Card
4. PAN Card (Compulsory)	4. Bank Account Statement (with address)
5. Aadhar Card	5. In case of married women address proof of the groom is acceptable
	6. Aadhar Card (Compulsory)

For Office Use

Sr. No.	Description	Name of Authorised Staff	Signature
1.	Applicant interviewed & Purpose ascertained by		
2.	Document(s) of Identification/address proof listed above were verified with original by		
3.	Letter of thank sent to A/c. holders and introducer on in Case of not signed before		
4.	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATE :

I have met the account opener/s Mr./Mrs. _____
in person and hereby confirm that KYC Norms are fully Complied with and further confirm that Copies are Verified with original documents.

i) b) The introducer has visited the branch

OR

ii) b) The introducer has visited the branch but written confirmation obtained.

This signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant

Date : _____

Place : _____ Officer / Manager Signature _____ Code No. _____