

Taqwa Credit Co operative Society Ltd.

ACCOUNT OPENING FORM (To be separately filled by each applicant)

Date

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Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer Code:

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Types: Savings Bank Account / Ghina Saving / Fixed Deposit / Ghina Fixed Deposit / Gold Saving
Current Account / Wakala Deposit / Sukuk Al Ijara / Touqeer Deposit / Others _____

Constitution: Self / Jointly / Minor / Proprietorship / Partnership / Limited Company / Society / Trust / Others _____

Customer Type: Public / Staff

Senior Citizen: Yes / No

Minor: Yes / No

PERSONAL DETAILS: Title: Mr. / Mrs. / Ms. / Other (Please enter your name as it appears on your identification)

Full Name: _____

Father Name: _____

Mother Name: _____

Spouse Name: _____

Guardian Name: _____

Name Of The office /Shop: _____

In case of Proprietorship / Partnership Firm / Limited Companies / Trust / Association / Society / LLP

Name of the Firm/Entity _____

Date of Establishment _____

Registration No: _____

Registering Authority _____

Place of Registration: _____

Nature of Activity/Occupation _____

Director's Name _____

ADDITIONAL DETAILS

Address _____

Area /Street _____

City: _____

District: _____

State: _____

Pin: _____

Mobile no: _____

Email id: _____

Date of Birth: ___ / ___ / ___

Occupation: _____

Educational Qualification: _____

Gender: Male / Female

Marital Status: Unmarried / Married

Nationality: Indian / Others: _____

Pan Card No: _____

UID No. _____

Identity Proof: _____

Address Proof: _____

Taqwa Credit Co operative Society Ltd.

Form 60 (To be filled by those who do not have Pan Card)

1. Full name and address of declarant _____
2. Particulars of transaction-Opening of _____ account(s)
3. Amount of transaction _____
4. Are you assessed to tax? Yes No
5. If yes, i) Details of Word/Circle/Range where the last return of income was filed _____
- ii) Reason for not having Permanent Account Number/General Index Register Number _____
6. Details of the documents being produced in support of address in column (1)

Verification (To be filled along with form 60)

I/We _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____ 20 _____

Place: _____
 Date: _____ Signature of the Declarant

Nomination required: Yes / No

Name: _____ Address: _____
 Relationship with the depositor: _____ Age _____ Date of birth nominee _____
 City _____ Pin: _____ State: _____ Country: _____
 Date: _____ Place: _____

Signature(s) of depositor	Signature of 1st Witness	Signature of 2nd witness
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* **Introducer :** _____ * Cust ID : _____
 * Contact No. : _____ A/c No. : _____
 I have personally known the applicants (s) for more than 6 months and confirm his/her identify and address as stated under Personal Details and photograph as attached in the from.
 Relation with applicant : _____ Signature of Introducer : _____ Signature verified by BSM/BM : _____

Signature	Signature	Agent Id: _____ Customer Id : _____ Touqeer Account no: _____ Date of Maturity: ___ / ___ / ___ Auto Renewal Yes/No Period MM/DD: ___ / ___ Credit MM/DD: ___ / ___
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Photo	Photo	<u>Verifying officer</u> Name : _____ Designation: _____ SS no: _____ Date : _____	<u>Customer Code Generated</u> (Authorised Signatory) Date: _____ SS no: _____
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