



# THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Registered Office: 'Cosmos Tower', Plot No. 6, ICS Colony, University Road, Ganeshkhind, Shivajinagar, Pune - 411007. Ph.: 020-67086708  
Email: customercare@cosmosbank.in | www.cosmosbank.com

## Savings Account Opening Form - Domestic / बचत खाते चालू करणेसाठी अर्ज - स्थानिक रहिवासी

Please open an account as per details given below (✓ whichever is applicable) / खालील माहितीवर आधारीत खाते उघडावे. (योग्य जागी ✓ ही खूण करावी.)

Branch / शाखा:

Branch SOL ID:

Account No./ खाते क्र. [REDACTED]

Date / दिनांक [REDACTED]

I/ We wish to open an Account at your \_\_\_\_\_ Branch. मी/आम्ही आपल्या \_\_\_\_\_ शाखेत खाते सुरु करू इच्छितो.

<input type="checkbox"/> Regular / नियमित	<input type="checkbox"/> Cosmo Premium / कॉस्मो प्रिमियम	<input type="checkbox"/> Cosmo Salary / कॉस्मो सैलरी	<input type="checkbox"/> Cosmo Royale / कॉस्मो रोयल
<input type="checkbox"/> Cosmo Kidz / कॉस्मो किडझ	<input type="checkbox"/> Cosmo Premium Plus / कॉस्मो प्रिमियम प्लस	<input type="checkbox"/> Jandhan / जनधन	<input type="checkbox"/> BSBDA / बैंक सेव्हर्स डिपॉज़िट अकाउंट
<input type="checkbox"/> Cosmo Youth / कॉस्मो युथ	<input type="checkbox"/> Cosmo Premium Salary / कॉस्मो प्रिमियम सैलरी	<input type="checkbox"/> Other / इतर (Please Specify) _____	

### Personal Details / वैयक्तिक माहिती

1st Applicant's Name	Mr/Mrs/Ms/M/s. [REDACTED] श्री/श्रीमती/कु.मे.	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	SURNAME [REDACTED]
पहिल्या अर्जदाराचे नाव:	Customer ID / ग्राहक क्र.: [REDACTED]	1st Applicant's User Level <input type="checkbox"/>		
2nd Jt. Applicant's Name	Mr/Mrs/Ms/M/s. [REDACTED] श्री/श्रीमती/कु.मे.	Customer ID / ग्राहक क्र.: [REDACTED] 2nd Applicant's User Level <input type="checkbox"/>		
3rd Jt. Applicant's Name	Mr/Mrs/Ms/M/s. [REDACTED] श्री/श्रीमती/कु.मे.	Customer ID / ग्राहक क्र.: [REDACTED] 3rd Applicant's User Level <input type="checkbox"/>		

**Operating Instructions:** Single/स्वतः Joint/संयुक्त Either or Survivor/दोघांपैकी एक अथवा हयात Former or Survivor / प्रथम अथवा हयात खाते वापराविषयी सूचना Any One/कोणीही एक Minor by Guardian / अज्ञान पालनकर्ता Other (Please Specify) / इतर (तपशील) \_\_\_\_\_

**Initial Deposit:** Cash \_\_\_\_\_ Cheque (Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ ) Amount ₹ \_\_\_\_\_  
सुरक्षातीचा भरण रोख चेक ( चेक नं. \_\_\_\_\_ दिनांक \_\_\_\_\_ ) रकम ₹ \_\_\_\_\_

### I/We wish to avail of following E-Banking Services / मी/आम्ही खालील ई-बँकिंग सेवा घेऊ इच्छितो.

<input type="checkbox"/> ATM / Debit Card	<input type="checkbox"/> Cosmo Rupay Card	<input type="checkbox"/> Cosmo Visa Debit Card		
<input type="checkbox"/> Internet Banking (Cosmo Net)	<input type="checkbox"/> View	<input type="checkbox"/> Transaction		
<input type="checkbox"/> Cosmo E-Statement - Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quartaly	<input type="checkbox"/> Six Monthly	<input type="checkbox"/> Year
<input type="checkbox"/> Please offer Me :	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Flexi Fixed Deposit Scheme (Auto Sweep)		

\* Important Note: Level-1 Initiator Level-2,3 Approver Level-4 Initiator & Approver (only in case of A/c operation E/S, Anyone / Any Two / Joint)

### For Minor's Account / अज्ञान अर्जदाराचे खातेविषयी

Name of the Parent / Natural Guardian [REDACTED]  
पालकाचे नाव / नैसर्जिक पालनकर्त्याचे नाव

I hereby declare that the Date of Birth of the above minor who is my \_\_\_\_\_ is [REDACTED] and I am his/her natural / legal 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 undertake to indemnify The Cosmos Co-op. Bank Ltd., against the claim of the above minor for any withdrawal/transaction made in his/her account.

मी जाहीर करतो / करते कि माझ्या / माझी \_\_\_\_\_ जी / जो अज्ञान आहे, त्याची / तिची जन्मतारीख [REDACTED] आहे. मी तिचा / त्याचा (तीची / त्याची) नैसर्जिक / न्यायालयाने नेमुन दिलेला कायदेशीर पालक आहे. (दाखल्याची प्रत जोडली आहे) वर उल्लेखित अज्ञान व्यक्ति सज्जान होईपर्यंत मी त्याचे / तिचे प्रतिनिधित्व सर्व व्यवहारांकरीता करेन. त्याच्या / तिच्या खात्यातील केलेल्या कोणत्याही व्यवहाराविषयी अज्ञान व्यक्तिच्या दाव्यापासून बँकेच्या बचावाची मी तरतूद करीत आहे.

(Minor's Birth Certificate is mandatory) / (अज्ञानाच्या जन्म तारखेचा दाखला अनिवार्य) **Signature of Guardian / nmbZH\$E'm©Mr ghr**

## Account Usage

	Deposits	Withdrawals
1. Anticipated number of cash transactions per month		
2. Anticipated value of transactions per month		
3. Total funds expected to be deposited in to the account over next three months		
4. Anticipated number of transactions per month (cheques / transfer etc.)		

## Nomination Form - DA - 1 / नामांकन फॉर्म डी ए - १

Yes, I /We wish to nominate (as per details below).  No, I /We declare that I/We do not wish to make a nomination in my/our account.  
होय, मी/आम्ही नामांकन करु इच्छितो नाही, मी/आम्ही जाहीर करतो की मी/आम्ही माझ्या /आमच्या खात्यांस नामांकन करु इच्छित नाही.

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-op. Banks (Nomination) Rules, 1985 in respect of Bank deposits. बँकरीता ठेवीबाबत बँकिंग रेग्युलेशन ॲक्ट, १९४९ चे कलम ५६ बरोबर कलम ४५ झेड ए आणि सहकारी बँकेचे (नामनिर्देशन) नियम, १९८५ चे नियम २ (१) नुसार नामनिर्देशन,

I/We [Name(s) & address(es)] \_\_\_\_\_  
मी/आम्ही(नांव व पत्ता) \_\_\_\_\_

Nominate the following person 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 Cosmos Co-op. Bank Ltd. Branch \_\_\_\_\_ (Name & address of branch/office where deposit is held)

माझ्या /आमच्या /अज्ञान पालनकर्त्त्या व्यक्तिच्या मृत्युनंतर दि कॉस्मोस को-ऑप. बँक लि. \_\_\_\_\_ शाखेकडील ठेवीची रक्कम मिळवण्यासाठी खालील व्यक्तिचे नामनिर्देशन करीत आहोत. ठेवीबाबतचा तपशील खाली नमूद केला आहे.

Nature of Deposit ठेवीचा प्रकार	Distinguishing No. क्र.	Name & Address of Nominee नामनिर्देशन दिलेल्या व्यक्तिचे नाव व पत्ता	Relationship with the Depositor, if any ठेवीदराबराबरचे नाते, असल्यास	Age of the nominee नामनिर्देशित व्यक्तिचे वय	If Nominee is a minor his Date of Birth नामनिर्देशित व्यक्ति अज्ञान असल्यास, त्याची जन्मतिथी

As the nominee is a minor on this date, I/We appoint Mr/Mrs/Ms. (Name, address & age) \_\_\_\_\_ to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

नामनिर्देशित व्यक्ति आजमितीस अज्ञान असल्यामुळे तो/ती सज्जान होईपर्यंत माझ्या /आमच्या /अज्ञानाच्या मृत्युनंतर नामनिर्देशित व्यक्तिच्या वतीने ठेवीची रक्कम मिळवण्याकरिता मी/आम्ही श्री/ श्रीमती/ कु. (नाम, पत्ता आणि वय) \_\_\_\_\_ यांची नेमणूक करतो.

1] \_\_\_\_\_ 2] \_\_\_\_\_ 3] \_\_\_\_\_

Witness : Two witnesses are necessary for nomination only when the / नामनिर्देशन करण्याकरीता खालील बाबींकरता दोन साक्षीदार आवश्यक आहेत.

● Depositor is illiterate / अशिक्षित ठेवीदार      ● Depositor is minor / अज्ञान ठेवीदार      ● Nominee is Minor / नामनिर्देशित व्यक्ति अज्ञान असल्यास

Witness 1: / साक्षीदार १

Signature / सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_

Witness 2: / साक्षीदार २

Signature / सही \_\_\_\_\_

Name / नाव \_\_\_\_\_

Address / पत्ता \_\_\_\_\_

## Comprehensive Declaration

I / We confirm having read and understood the account rules and hereby agree to be bound by the terms and conditions governing the account which I/We am / are opening / will open and amendment to the rules made from time to time and those relating to various services availed by me /us when displayed by the Bank on its Notice Board or on its website- www.cosmosbank.com and those relating to various services offered by the Bank including but not limited to ATM Card/ Debit Card / Internet Banking / SMS Banking / IM (Internet +Mobile) Banking / Flexi Fixed Deposit Scheme / Sweep in Sweep Out and other facilities offered by the Bank. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

I/We have read/ understood and agreed to 'Most Important Terms & Conditions' including the interpretation of rules, risk, limits, charges and other conditions.

I undertake that the saving account will be used to route transactions of only non business / non commercial nature. In event of occurrence of such transactions, Bank reserves the right to unilaterally freeze the account operations and / or close the account.

In case of joint accounts, instructions received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders.

## Rules & Regulations

### Account Opening

- If you do not receive welcome kit within 2 weeks of the date of submission of the form kindly contact the branch.
- The opening / operating / closing of any account is subject to the extant Know Your Customer (KYC) guidelines of Reserve Bank of India. Providing PAN / Form No.60 (Where PAN is not available) is mandatory.
- The initial minimum deposit as applicable from time to time is need to be deposited at the time of account opening.
- In case the Account is opened with a cheque and the said cheque is returned unpaid, the Bank reserves the right to not to open/activate the Account.

### Passbook / statement of account-

- Pass book will be given to all savings account holders. If the account holder wants a statement of account (hard copy), it will be issued on specific request and on payment of necessary charges.
- Account holder may register his / her email ID to receive the statement of account via email at specific frequency.
- The account holder(s) is / are expected to verify the entries made in the pass book and draw the attention of the bank to any errors or omissions if any discovered. The bank does not accept any responsibility for any loss arising out of failure on the part of the account holder to carry out verification of entries in the pass book and to point out such error and / or omission within one month from the date of updation of pass book.

**Conduct of Account**

- The customer should maintain prescribed average quarterly balance in the account as may be required from time to time. Non-maintenance of such adequate balance shall automatically entitle the bank to levy the charges for non-maintenance of prescribed balance on a quarterly basis and on a date determined by the Bank.
- For premium onward accounts, if adequate balance is not maintained in the account, the Bank reserves the right to withdraw the free / concessional services offered in the account and transfer the account to Regular Account Scheme.
- In case of joint Accounts, any change in operational instructions or any other information with regard to the Account Opening Form is to be given by all the joint account holders irrespective of the mode of operation.
- The bank has the authority to debit the account to recover any amount credited erroneously.
- Bank in its sole discretion may restrict the number of withdrawals in the Account.
- Account holder should issue cheques in the account only after making prior arrangement of funds in the account to avoid returns/dishonor. If a cheque issued is required to be returned for insufficient balance in the Account or for being in excess of arrangements, a penalty/charge may be levied as applicable. In case of large number of returns/dishonors in the account, the Bank reserves the right to take corrective action for the specific account as deemed fit.
- Account operations will be ceased after 3 months from the date of account opening, for non-submission of officially valid document.
- Savings account having no customer induced transactions for more than 1 year will be treated as inoperative account as per RBI guidelines. Further, the savings account having no customer induced transaction for more than 2 years will be classified as Dormant Account. For activation of Dormant Account, customer is required to submit latest KYC documents and latest photographs along with letter giving reasons for non-operation of account.
- Mobile Number of the first Account holder mentioned in Account Opening Form is considered as Primary Mobile Number and all transaction alerts related to account will be sent to that mobile number only.
- For Salary account, in case of non-credit of salary for consecutive 3 months, the Bank reserves the right to close the said account or transfer the salary account to regular savings account scheme. After transferring the account to Regular Scheme, rules and service charges will be applicable as per regular account scheme.
- Service Charges will be applicable as amended from time to time. Schedule of service charges is displayed on Notice Board at branch as well as it is available on Bank's website.
- Withdrawals will be allowed either by withdrawal slips or by cheques or by any other mode acceptable to the Bank.
- For withdrawing money from savings account through a withdrawal slip, production of pass book issued by the Bank is necessary.
- When an account is closed either by the account holder or by the Bank, the account holder/s are required to return the ATM card / Debit Card and all the unused cheques to the Bank. Also closure of account requires signatures of all account holders.
- The usage of Debit Card issued to special categories of customer will be in accordance with the rules and regulations. The Bank reserves the right to suspend the services of ATM / Debit card unilaterally without any prior notice or assigning any reason.
- Nomination facility is available for the Account in the name of individual. Only one nominee is permissible per account.
- The account holder is at liberty to change the nominee or cancel the nomination, through declaration in the appropriate form to revise the nomination during the currency of the Account with the Bank.
- The Customer shall be solely responsible for the safe-keeping and the confidentiality of the statements of account, cheque books, Debit card and its PIN, User ID and passwords relating to Internet Banking and such other items relevant or pertaining to the Account.
- Interest as decided from time to time shall be paid on the balances in Savings Bank Accounts.
- Interest will be credited to account on quarterly basis viz. financial quarters calculated on daily product basis.
- Savings Bank Account cannot be opened for business purposes as per RBI directives and hence Savings Bank Account should be used to route transactions of only non-business / non-commercial nature.
- Annual maintenance charges for debit card will be applicable as per Bank Policy from second year onwards as it is free of cost for the first year.
- The Bank reserves the right to alter, delete or add any of these rules at any time without prior intimation to individual customers or to refuse to open an account or to close any account.
- Opening of the Savings Bank Account is considered as deemed acceptance of the aforesaid rules and regulations as well as the fact of being informed about the various service charges being levied by the Bank and the terms and conditions guiding related products and service.

**The above rules are not exhaustive.**

For further details, please contact your Home branch.

**Internet Banking (Cosmo Net) / Mobile Application (IM-Banking)**

- In case you find multiple customer IDs attached for my different accounts, I accept & agree to merge those multiple customer IDs in one customer ID, as per RBI directive which will also be used as authenticated login user ID for Internet Banking (Cosmo Net)
- I/We authorize the applicant to access the account(s) via the channels selected further. We accept and agree to be bound by the said terms and conditions for the use of Internet Banking (Cosmo Net) / Mobile Application (IM-Banking)
- Cosmos Bank shall not be responsible and liable to monitor the nature of expense incurred by the use of the said Internet Banking (Cosmo Net) / Mobile Application (IM-Banking)
- All transactions carried in the above mentioned account through use of Internet Banking (Cosmo Net) facility shall be binding on corporate entity and Cosmos Bank shall at all times be kept saved and harmless from all actions, claims, demands, proceedings losses, damages cost, charges and expenses whatsoever which Cosmos Bank may at any time incur, suffer or to be put as a consequence of or by reason of or arising out of transaction carried out through the Internet Banking (Cosmo Net) / Mobile Application (IM-Banking) facility.
- Cosmos Bank shall at all times be informed of any change in the operating instructions for Net Banking facility by furnishing necessary documents in writing and in such events to change the Internet Banking (Cosmo Net) / Mobile Application (IM-Banking) password forthwith.
- I/We further agree that since the mode of operation of our Account is joint (one initiator & all other approvers), the transaction/s initiated by anyone holder will have to be approved by other joint holder/s. I/We further affirm, confirm and undertake that I/We will be responsible for any action by any of us using IM Internet Banking (Cosmo Net) / Mobile Application (IM-Banking) facility.
- I/We hereby state that should I/We wish to change/revoke the above authorization, I/We shall duly submit a change mandate to that effect to the Bank. I/We hereby agree that till 10 (ten) working days, after receipt of such change mandate existing account operations shall be held good.
- I confirm that I will keep all banking information and password securely. I will not share any of important banking information to any unknown person.
- I also confirm that all the information given above belongs to me and can be used to update my records in your Bank.

Signature of  
1st Applicant

Signature of  
2nd Applicant

Signature of  
3rd Applicant

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct.  
I/We also confirm that I/We have signed in the presence of Bank Officer Mr./Ms. \_\_\_\_\_

मी/आम्ही खात्री देतो की, वरील सर्व मजकूर व सोबत जोडलेले परिशिष्ट वाचून समजून घेतले असून दिलेली माहिती व त्यातील सत्यता मी पडताळून पाहिली असून ती सर्व खरी व बरोबर आहे. मी/आम्ही अशी खात्री देतो की मी/आम्ही बँकचे अधिकारी श्री/सौ. \_\_\_\_\_ यांच्या उपस्थितीत त्यांचेसमोर स्वतः सहा केलेल्या आहेत.

### For Office Use Only

#### Application Accepted By (Branch Official):

At the time of accepting the application:  
Confirmed all A/c No. and A/c Holder (Customer ID) and Operation on  
Check and Confirm EmailID / Mobile No.1 User Level for IB IIM (Internet +Mobile) Banking.  
KYC Compliance checked and allowed to open an account / KYC ची माहिती पडताळली असुन खाते सुरु करण्यास हरकत नाही.

Initial Amount ₹ \_\_\_\_\_ DC No. \_\_\_\_\_ Date \_\_\_\_\_ WF No. \_\_\_\_\_

Date : 

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 Ticket No. 

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Name & Signature of the officer / अधिकाऱ्याचे नांव व स्वाक्षरी \_\_\_\_\_ तिकिट क्र. 

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### For AOC (Account Opening Cell)

Entered By: Name & Signature \_\_\_\_\_ Ticket No. 

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- VISA / ATM Card Data Entry in ATM Card Application Management (Intranet Site)**
- Cosmos M-Messaging Data Entry in SMS Banking System (Intranet Site)**
- The applicant A/c is active & KYC complied.**
- IB confirmation at request**  **Personalized Cheque Book Issued**
- Internet Banking (Cosmo Net) conformation request.**
- Flexi Fixed Deposit Scheme (Auto Sweep)** (✓ Tick anyone Box)

Verified & found correct for further processing. Ticket No. 

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Name & Signature of the Officer / अधिकाऱ्याचे नांव व स्वाक्षरी \_\_\_\_\_ तिकिट क्र. 

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### For ABC Cell

#### RTS No. IB RTS No. Internet Banking (Cosmo Net) / Mobile Application (IM-Banking) :

Name & Signature of the Officer / अधिकाऱ्याचे नांव व स्वाक्षरी \_\_\_\_\_ Ticket No. 

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### Declaration for Trusts / Associations / Societies / Clubs

The account will be operated by who has / have been authorised by the Bye-Laws / Memorandum of Association / Articles of Association / Trust Deed and Resolution No. \_\_\_\_\_ Dated of the Trustees / Directors / Authorised signatories. A certified copy of the resolution signed by all Trustees / Directors / Authorised Signatories is attached herewith.

A copy of the Bye-Laws / Trust Deed / Memorandum of Association and Articles of Association Dated duly certified is sent herewith. In future if any change is required in the name of the operators of the account it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such person to operate upon the account.

We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the deposit rules annexed to this account opening form and agree to abide by the same.

We shall submit prior permission communication from Ministry of Finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.

I / We certify that this is the only FCRA Account opened and held by the trust and that the foreign contribution received by the Trust will be strictly in accordance with FCRA Act and Rules.

Name of Trustee / 1. \_\_\_\_\_ Signature \_\_\_\_\_

Directors / 2. \_\_\_\_\_ Signature \_\_\_\_\_

Authorised Signatories 3. \_\_\_\_\_ Signature \_\_\_\_\_