

Aasra Cooperative Credit Society Ltd.

(Registered Multi State Society vide No.:- MSCS/CR/115/2000)

ACCOUNT OPENING FORM

Date:-DD/MM/ Year

To,
The Chairman / CEO
Aasra Cooperative Credit Society Ltd.
First Floor, Khatau Building,
44, Bank Street, Fort,
Mumbai - 400 001, India

Sir,

am a member of the society (vide PLF No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
various deposit schemes; I want to open a Saving (SD) / Current (CD) / Endowment (ED) / Housing (HD) /			
Recurring (RD) / Pilgrimage (PD) / Gold (GD) / Investment (ID) Deposit Account with the society in the name of "(
Account Holder's or specific signatory's full name)". To open this account, I hereby pay ₹/-			
(Rupees	only) vide Cash / Che	eque / Digital transaction bearing Cash	
Receipts / Cheque / Transaction ID No. XXXXXXXXX towards Account Opening Charges vide Receipt No. (be filled			
by Cashier only) received by (Cashier's Full Name.) at (Head office / Branch) branch.			
Full Name: -	Signa	ture :	
The details about nominee of my account is as following :-			
Name of the Nominee:		Date of Birth: DD/MM/YEAR	
Nominee's PLF No :- XXXXXXXXXXXX Other ID No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Relationship with Applicant:	Phone No. :- XXXXXXXXXX	Mobile No. :(⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟨⟩⟩⟩⟩⟩⟩)	
am appointing as trustee of my account to hand over			
1. Applicant (Account holder)	2. Nominee (of Applicant)	3. Trustee (of Nominee)	

Declaration in Case a member intends to open an account for a minor:

I hereby declare that the date of birth is DD/MM/YEAR 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 unti
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.
Declaration / Undertaking:
1. I declare that I have read and agreed upon the rules and regulations of Aasra Cooperative Credit Society Ltd. in force and also be framed from time to time by the society.
2. I hereby authorize the society to invest amount deposited in my Account in any asset or business on profit /loss sharing principles. hereby indemnify the society and its office bearers from any loss that might occur in the business under normal market risk.
3. I agree to refer my problem, in case of any dispute, to Grievance Redressal Cell of the Society whose decision will be binding upon me I shall personally join Grievance Redressal Cell for discussion and decision or authorize any representatives to do so.
Applicant's Signature
For Office Use Only
After verifying the details, this account opening form is found appropriate / inappropriate and thus processed /
rejected. Accordingly (Type of Account) Account is opened under title "(name of account)
holder)" vide account No. XXXXXXXXXXXXXX and is available for use by the customer w.e.f
DD/MM/YEAR. Future updates or any request for this account will be posted at registered Mobile No
<u> </u>
ATM Details
On DD/MM/YEAR ATM card vide No. (ATM Card No
against receipt of Annual ATM Charges of through Cash or draft / cheque / online (digital) transaction
No. on (dd/mm/year) vide Receipt No. issued by (Full Name of officer
at (<u>branch of Aasra</u>) branch of the Society.
Manager's Name: Official's Seal & Signature

Branch:-

Registered Office Address: 1st Floor, Khatau Building, 44, Bank Street, Fort, Mumbai - 400 001 Maharashtra (India) Tel. 91 - 22- 2266 0109 / 2266 3429 / 2266 5421 Website:- www.aasrafinance.com E mail:- info@aasrafinance.com