



जनसेवा कोऑपरेटिव्ह JANSEVA ويثيي المواثيثي الميثيث المعادية المعا

	Accour	nt Ope	ening F	<u>orm</u>				
Chairman/Secretary Area Managing Board Janseva Cooperative Credit Society Ltd			Date:					
words (an account with you for							
Choice of Account:								
Amanah Current De	eposit A/c Amanah	Compulso	ory Saving De	eposit A/c R	ecurring	Saving Deposit A/c		
SHG Deposit A/c	Investment Deposit A	Account [Qard-e-Ha	asanah Deposit /	4/c			
Mandate for Account	t Operation:							
Single	Any One		Any two jo	intly	Jointly by all			
Frequency of Depos	it:							
	ekly Monthly	/	Quarterly	Ha	If Yearly	Yearly		
	Pers	onal In	formatio	n				
	1st Applicant		2nd Applicant		3rd Applicant			
Full Name :								
Father/Husband's Name	:							
Date of Birth :								
Sex (M/F):								
*PAN/UID No.:								
Relationship with first Applicant	:							
Full Name of the Nomi	nee:							
Mr./Mrs./Ms.		Age	: Sex:	: M/F Relati	onship:			
Full Mailing Address	s (Capital Letters):							
Current Address	Pin Code:							
	State Tel. (O)		Tel. (R)		Fax			
	Mobile		E-mail					
Permanent	Pin Code:							
Address	State Tel. (O)		Tel. (R)		F	ax		
	Mobile		E-mail					
Branch Address:								

Janseva Cooperative Credit Society Ltd.



Occupation: (Please 7	Tick)				
Service Busin	ess Housewife	Retired	Student	Other	
Annual Household Inc	come (in Rs.): (Please	Tick)			
Up to 60000	60001 to 120000 12	20001 to 240000	240001 to	360000 360001 & ab	ove
Proof of Address sub	mitted (individuals): (F	Please Tick)			
Passport Copy	Voter's ID Card	Emp	oloyer's ID Card	Driving License	
PAN card	Latest Telephone	Bill Late	est Electricity Bi	II Gas Connection	Receipt
Introduction by existing	ng Member of Janseva	Cooperative C	redit Society I	_td.	-
1		(name) A/c	c No.		
	since last	mont e account.		td. and that I know Mr./Mrs confirm his/her/their identity, or	
	Dec	claration/Undert			
1) I/we declare that I/we h				nseva Cooperative Credit Soc	eiety Ltd.
in force and also frame 2) I/we authorize the socie loss sharing system. I/v on normal market risk. 3) I/we agree to refer our p	d from time to time by the ety to invest the amount in nove hereby indemnify the so	society. ny/our Investment ociety and its office oute, to Grievance	Deposit Accour e bearers from a	nt in any profitable businesses of any loss that might occur in b	on profit usiness
Place:	Date:		Signature of the	e Applicant:	
Place: Declaration in Case				e Applicant:	
Declaration in Case I hereby declare that the oguardian/lawful guardian a	of Minor Account op date of birth is//. appointed by the court ord tions of any description in	pened by a Mer of the minor wer dated the above accoun	mber: who is my(cop	and I am his/her by enclosed). I shall represent minor attains majority. I indem	natural the said
Declaration in Case I hereby declare that the of guardian/lawful guardian a minor in all future transact	of Minor Account op date of birth is//. appointed by the court ord tions of any description in	pened by a Mer of the minor wer dated the above accoun	mber: who is my(cop nt until the said is s made by me in	and I am his/her by enclosed). I shall represent minor attains majority. I indem	natural the said nnify the
Declaration in Case I hereby declare that the of guardian/lawful guardian a minor in all future transact society of the claim of the Place:	of Minor Account op date of birth is/////	pened by a Mel of the minor were datedthe above accoundrawal/transactions	mber: who is my(cop it until the said is s made by me in	and I am his/her by enclosed). I shall represent minor attains majority. I indem his/her account.	natural the said nnify the
Declaration in Case I hereby declare that the of guardian/lawful guardian a minor in all future transact society of the claim of the Place:	of Minor Account op date of birth is/////	pened by a Mel of the minor were datedthe above accoundrawal/transactions	mber: who is my(cop it until the said is s made by me in	and I am his/her by enclosed). I shall represent minor attains majority. I indem his/her account.	natural the said nnify the
Declaration in Case I hereby declare that the of guardian/lawful guardian a minor in all future transact society of the claim of the Place:	of Minor Account op date of birth is/////	pened by a Mel of the minor were datedthe above accoundrawal/transactions	mber: who is my(cop nt until the said is s made by me in Signature of G : (one sign ac	and I am his/her by enclosed). I shall represent minor attains majority. I indem his/her account.	natural the said nnify the
Declaration in Case I hereby declare that the orgunian days a minor in all future transact society of the claim of the Place: Signature in p	of Minor Account op date of birth is/////	ered by a Me of the minor were dated the above accoundrawal/transactions ety's Officials:	mber: who is my(cop nt until the said is s made by me in Signature of G : (one sign ac		natural the said nnify the
Declaration in Case I hereby declare that the orgunian day for the declar that the organization day for the decla	of Minor Account op date of birth is/////	er dated	mber: who is my(copnt until the said is made by me in Signature of G : (one sign ac		natural the said nnify the
Declaration in Case I hereby declare that the orgunian days a minor in all future transact society of the claim of the Place: Signature in put of the days and the days are declared in put of the days are	of Minor Account op date of birth is/////	er dated	mber: who is my(cop nt until the said is s made by me in Signature of G : (one sign ac Dnly A/c No Authoris		natural the said nnify the
Declaration in Case I hereby declare that the orgunian day for the declar that the organization day for the decla	of Minor Account op date of birth is/////	er dated	mber: who is my(copnt until the said is made by me in Signature of G : (one sign ac		natural the said nnify the
Declaration in Case I hereby declare that the orgunian days a minor in all future transact society of the claim of the Place: Signature in put of the days and the days are declared in put of the days are	of Minor Account op date of birth is/////	er dated	mber: who is my(cop nt until the said is s made by me in Signature of G : (one sign ac Dnly A/c No Authoris	and I am his/her by enclosed). I shall represent minor attains majority. I indem his/her account. uardian: ross the photograph) 3rd Applicant sed by	natural the said nnify the

Tel.: 91 22 23478329 / 23476497 **Fax:-** 91 22 23478884 **Email**: janseva@janseva.in **Website**: www.janseva.in