

THE SAMASTIPUR DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

DAILY DEPOSIT AGENT(DDA) code generation form

Please fill the information	on in BLOCK Letters and in appropriate places	
Full Name of the Applicant (As appearing	ng in supporting identification document)	
Mr/Mrs/Miss/M/s	ership Firm Pvt Ltd Co Public Ltd Co umily Proprietor Others (Specify)	graph
Date of Birth (In case of individuals)	Date of Incorporation / In case of Companies and Fire	ms)
PAN Number (Attach a copy of PAN card)	Registration No. (In case of Companies and Firms)	
Bank Account Details : Savings Current Bank	Account No. Branch	
9 Digit Code No.	(as appearing on MICR cheque issued by your branch	anch)
Other Details (In case of individuals)		
Occupation Service Retired Business Professional Housewife Student FARMER Education SSC/HSC Graduate Post-Graduate Professional Others	Household Income Less than Rs. 1 lakh p.a Rs. 1-3 lakhs p.a. Rs. 3-5 lakhs p.a. Ownership of Computer Yes No Two Wheeler Yes No Car Yes No Number of earning members in the family: Married Accomodation Have you availe a) Housing Loan Yes N SDCC O b) Car Loan Yes No C) Personal Loa Yes No Marital Statu Single Married	n o thers. n

Details of other Agencies held:

	Ins	urance Sect	tor	Fi	nancial Sect	or	Others
			Pvt.	Mutual	Company	Small	(Please
	LIC	GIC	Insuranc	Fund	Deposits	Savings	specify)
Business Generated in the Previous Year (Rs. in lac)							
Years of Association							
Code Number							

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Are you a sub-ag	ent wit	h any	у со	rpora	ate a	ager	nt(s) ?					Yes	6		N	lo.									
If Yes, please spec	ify the	name	∋(s) (of the	e coi	rpora	ate	age	ent(s):																
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 My personal / KYC details may be shared with Central KYC Registry I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above 							ve																			
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*Please attach officially valid documents as per KYC Norms in support of above mentioned details.

*In case of nomination, please submit DA1 Form.

DECLARATION

I/We hereby declare that above information is true and to the best of my/our knowledge and belief. I/We hereby authorized you to credit the commission / incentive payable to me in the above mentioned bank account.

Place : Date :	Signature of Applicant
For office use only	
Application received on :	Branch :
Date of Appointment:	Verified by :
Agent's Code No. :	Authorized by :
Documents Received : YES / NO	
IN PERSON VERIFICATION CAI	RRIED OUT BY:
Identity Verification Done Date	
Emp. Name :	
Emp. Code :	
Emp. Designation :	
Emp. Branch:	

STAMP & SIGNATURE
BRANCH MANAGER
(DAILY DEPOSIT AGENT/DDA APPOINTING BRANCH)