

Head Office : 7/111, Janata Chowk, Laxmi Market, Ichalkaranji - 416 115 Tal. Hatkanangale Dist. Kolhapur (MH) India. Ph No. (0230) 2431333, 2431334

## SAFE DEPOSIT LOCKER ACCOUNT OPENING FORM

Branch	Customer Id
Locker Account No.:	Date: DDMMYYYY

I am/We are the account holder of your Branch having SB/CA No. \_\_\_\_\_ and also Member of your bank, Membership No. is \_\_\_\_\_. I/We would like to take a Locker on rent basis from your \_\_\_\_\_ Branch. I am /We are agreed with the present rules & regulation about operation and will be binding on me/us. I/We also agree to deposit Locker Key deposit of Rs. \_\_\_\_\_ at your branch.

(Mark as ✓)	Customer type	<input type="checkbox"/> Public	<input type="checkbox"/> Staff	<input type="checkbox"/> Trust	<input type="checkbox"/> Firm
		<input type="checkbox"/> Co-op Society	<input type="checkbox"/> Company	<input type="checkbox"/> Co-op Bank	
		<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender		

Name of Locker Holder/Name of person's authorised to operate account

Name Middle Name Surname

1	
2	
3	
4	

Passport size photograph

1<sup>st</sup> Applicant

Passport size photograph

2<sup>nd</sup> Applicant

Passport size photograph

3<sup>rd</sup> Applicant

Passport size photograph

4<sup>th</sup> Applicant

Signature(s)/Thumb impression(s)  
Sole/First Holder

Signature(s)/Thumb impression(s)  
Sole/Second Holder

Signature(s)/Thumb impression(s)  
Sole/Third Holder

Signature(s)/Thumb impression(s)  
Sole/Fourth Holder

Authority to operate the Locker as under (Mark as ✓)

<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> First Person as mentioned in Application
<input type="checkbox"/> Second Person as mentioned in Application	<input type="checkbox"/> Both Person as mentioned in Application		

PAN No.	Aadhaar No.
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Communication Address
City _____ Pincode _____ State _____ Email id: _____
Country _____ Phone No. _____ Mobile No.: _____





# Sanmati Sahakari Bank Ltd. Ichalkaranji. (Multi State Co-op. Bank)

## Authority to Debit Locker Rent

I/We hereby authorize you to debit yearly rent to My/Our Saving/Current account No. \_\_\_\_\_ with your branch \_\_\_\_\_ on due date of Locker Rent every subsequent year with applicable Tax, GST etc if applicable, and recover the same. For that I/We have consent for the same.

Date \_\_\_\_\_

Signature of hirer \_\_\_\_\_

## NOMINATION FORM SL-1 :

NOMINATION UNDER SECTION 45-ZE READ WITH SECTION 56 OF THE BANKING REGULATION ACT, 1949 AND RULE 4(1) OF THE CO-OPERATIVE BANKS (NOMINATION) RULES, 1985 BY SOLE HIRER IN RESPECT OF SAFETY LOCKER

I/We, \_\_\_\_\_ nominate the following person to whom in the event of my/minors death, Sanmati Sahakari Bank Ltd. Ichalkaranji. (Multi State Co-op. Bank) of branch \_\_\_\_\_ may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:

Locker Type	Locker No.	Nominees Name & Address	Age	Relationship	If Nominee is a minor, his date of birth

Only one person can be nominated

## Guardian details (if nominee is a minor)

Name and Address :- \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

( \_\_\_\_\_ )

Signature of Locker Holder

Witness : Two witnesses are necessary for nomination only where the

1) Locker Holder is illiterate

2) Nominee is minor

Witness :

Witness :

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

## Office Use Only

I/We have verified the KYC of the applicant and He/She deposited Locker Key deposit, having FDI A/c No. \_\_\_\_\_ of Rs. \_\_\_\_\_ as per bank rule. We have allotted Locker No. \_\_\_\_\_ to the applicant from \_\_\_\_\_ on annual rent basis.

Date \_\_\_\_\_

( \_\_\_\_\_ )

Branch Manager

I/We received Locker Key No. \_\_\_\_\_ for Locker No. \_\_\_\_\_

( \_\_\_\_\_ )

( \_\_\_\_\_ )

( \_\_\_\_\_ )

( \_\_\_\_\_ )

Signature of Locker Holder

Signature of Locker Holder

Signature of Locker Holder

Signature of Locker Holder

Place \_\_\_\_\_

Date \_\_\_\_\_