

THE KADIRUR SERVICE CO-OP: BANK LTD., NO. F. 1262.

HO. KADIRUR, P.O. KADIRUR, , KANNUR DT., KERALA - 670 642.

BRANCH _____

APPLICATION FOR OPENING (For individuals)

SB RD FD CA
 General Senior citizen

Account No.....
 Cust ID.....1
2
3

Date:.....

Dear Sir,

Please open a Deposit Account as per details given below: **(Name & Address in CAPITAL LETTER)**

	First applicant	Second applicant	Third applicant
Name			
Father's Name			
House Name			
Post Office			
Street			
PIN			
Panchayat/Municipality			
Nearest Bus Stop / Public Institution			
Telephone No.			
Mobile No.			
E-mail			
Member No.			
Date of birth and Age			
PAN/TIN			

Proof of Identity submitted for PAN exempt cases Please Tick (✓) (Number)
 UID (Aadhaar) Passport Voter ID Driving License Others

Gender			
Religion & Caste			
Nationality			
Occupation			
If minor, Name of guardian			

Proof of Address to be provided by Applicant: Passport Ration Card Registered Lease/Sale Agreement of Residence
 Driving License Voter Identity Card Latest Bank Account Statement/Passbook
 *Latest Telephone bill (only land line) Latest Electricity Bill *Latest Gas Bill Others *Not more than 3 months old

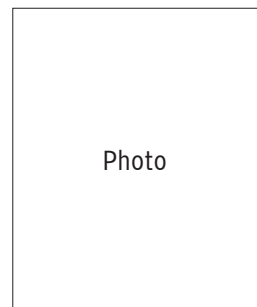
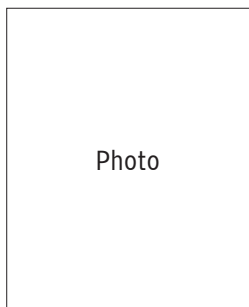
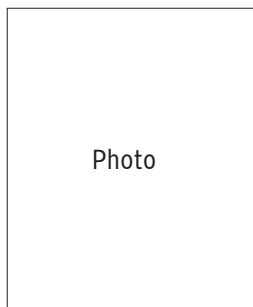
TYPE OF DEPOSIT Please Tick (✓) whichever is applicable	Amount	Period	Rate of Interest
Saving Bank/ Fixed Deposit/Recurring Deposit/Current Account			

Amount in words.....

MODE OF OPERATION

Single Former of Survivor/s Latter or Survivor/s
 Either or Survivor/s Any one or Survivor/s All/Both of us/Survivor/s Any other (specify)

Instructions	Credit monthly interest at discounted rate / quarterly interest to my/our SB A/c. No..... with you/your.....branch Remit to me/us by Demand Draft/Pay order others (specify) Renew the deposit after due date <input type="checkbox"/>
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Specimen Signature/ Left Hand Thump impression of Applicants

1. _____ 1. _____ 1. _____
 2. _____ 2. _____ 2. _____
 3. _____ 3. _____ 3. _____

Declaration	1. I/We agree to comply with and be bound by Bank's rules and regulations regarding the conduct of the account of the as well as any other rules governing the scheme/s in force from time to time. 2. Signature / Left hand thumb impression of applicants (1) (2) Witnesses (3) 1 2
Introduction	Introduced by (Name & Address) Telephone No. Type of A/C. & No Signature
For Bank use	KYC Norms complied, verified and Account opened Date : A/c. No Manager/Authorised Officer

Form DAI
Nomination Under Section 452a, of the Banking Regulation Act 1949
and Rule 2(1) of the Banking Companies (Nomination) Rules 1985
in respect of Bank deposits

I/We.....
 (Name & Address)

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.....
 (Name & Address of Branch/Office in which deposit is held)

Details of Deposit			Nominee			
Nature	Distinguishing No.	Additional Details, if any	Name	Address	Relationship with depositor if any	If nominee is a minor date of birth & age

2* As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum.....

(Name, Address and age)

to receive the amount of the deposit on behalf of the nominee in the event on my/our/minor's death during the minority of the nominee

Place : Signature/Left hand thumb impression of depositor/s

Date : 1.

Name, Signature and Address of witness/es 2.

*Strike out if nominee is not a minor

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Thump impression should be attested by two witnesses and Manager / Asst. Manager

NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON

Nomination Registration No. Date.....

CLERK

ACCOUNTANT

MANAGER