

THE PALAKKAD SERVICE CO-OPERATIVE BANK LTD. No. F. 1200

ACCOUNT OPENING FORM FOR SAVINGS BANK / CURRENT A/c.

Date.....

M. No.

A/c. No.	
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To,

The Secretary

Palakkad Service Co-op. Bank Ltd. No. F. 1200

_____ Branch

Signature

Dear Sir,

I/we request you to open a Savings Bank account / Current account in my / our name/s in accordance with the Rules of the Bank and issue me / us a Deposit Receipt

I/We agree to comply with and be bound by Bank rules for the time being in force and such other modifications that may be made in future from time to time for the conduct of such accounts.

Sl. No.	Name in full	Occupation	Address of the Depositor
1			
2			
3			

Age & Date of Birth :	Phone :
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Pan No.	Aadhar No.	
Mode of Operation	<input type="checkbox"/> Either or Survivor <input type="checkbox"/> 1 or Survivor/s <input type="checkbox"/> No.....or Survivor/s	<input type="checkbox"/> Jointly <input type="checkbox"/> Illiterate depositor only <input type="checkbox"/> Illiterate depositor or Survivor/s

Special Instructions, if any

Yours Faithfully 1..... 2..... 3.....	1..... 2..... 3..... (Signature of Depositor/s)	Sig. of the Acct/Secy./Br. Manager
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<p style="text-align: center;">INTRODUCTION</p> <p>I know the applicant (s) personally for a period of year/s and confirm his/her/their address stated in the application. I recommend that Bank may consider to open the Account</p> <p>Name _____</p> <p>A/c. No. _____</p> <p>Address _____</p> <p style="text-align: right;">Signature of Introducer</p>	<p style="text-align: center;">FOR OFFICE USE</p> <p>Signed before me/ Introducer's Signature verified</p> <p>Deposit accepted at.....% p.a.</p> <p>Accountant _____ Secretary/Br. Manager _____</p> <p>Date : _____</p>
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NOMINATION FORM

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)

I/We _____
(Name / s and address/es) nominate the following person to whom in the event of my/our/minor's death the deposit, particulars where of are given below, may be returned by

(Name and address of branch office in which deposit is held)

Depositor

Name _____

Nature _____

Distinguishing No _____

Additional details, if any _____

Nominee

Name _____

Address _____

Relationship with depositor if any _____

Age _____

if nominee is a minor, date of birth _____

*2 As the nominee is a minor as on this date I/We appoint Sri/Smt/Kum _____

_____ (Name, Address, Age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor death during the minority of the nominee

Place _____

Date _____

* Signature/s Thumb impression/s of depositors

WITNESSES

Name _____

Signature _____

Address _____

Name _____

Signature _____

Address _____

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

Strike out nominee is not a minor

Thumb impression shall be attested by two witnesses

Nomination accepted and registered vide Regn No. _____ dated _____

For The Palakkad Service Co-operative Bank Ltd.

Secretary / Br. Manager