

.....DEPOSIT

Place.....

A/C No.

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Date.....

THE KUTTIATTOOR PANCHAYATH SERVICE CO-OP: BANK LTD

No. C. 817 H.O. Chekkikulam PH: 0497 2790595, 792503, E-mail: kuttiattoorscb@gmail.com
SAVINGS/TERM/RECURRING/DAY/GROUP DEPOSITS ACCOUNT OPENING FORM

(Please(✓) where applicable)

To
 The Branch Manager
 Kuttiattoor Panchayath Service Co-op: Bank
 Branch :



Dear Sir,
 I, We request you to open an account as per details furnished below

1. Name and address of Applicant

	A	B In case of joint account
M. No		
Name		
Father Name		
Mother Name		
Husband Name		
Address		
PinCode		
Phone. No.		
Age & Date of Birth		
Occupation		
ElectionID/AadharNo.		

C In case of Minor's Account

Name of Guardian :	Relationship :
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D Details of Remittance for Opening of Account

SB	FD/CC	RD/GD	DD
Initial Deposit	Deposit Amount	Monthly Installment	Daily Instalment
₹..... (Rupees.....)	₹..... (Rupees.....)	₹..... (Rupees.....)	₹..... (Rupees.....)
Interest rate.....% Per annum	Period.....mm/yy Interest rate.....% Per annum	Period.....month Interest rate.....% Per annum	Period..... Interest rate.....% Per annum

3 Special Instructions

Repayable with interest to* _____ _____ _____	Monthly/quarterly/.....interest due on this deposit may be credited to my/our Current/ Savings Bank A/C No.....with you
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I/ We do hereby agree to obey all the existing and future rules and bye laws of the bank regarding deposit. And also agree that no claim will be made by me/us for any interest on the deposit for any period after the due date, if we fail to present the receipt to the Bank for its repayment on the due date

Signature of applicant (A)

Signature of Applicant (B)

* Fill up here as, the Depositor, either or survivor of the depositor's, former or survivor of the depositors, any of the depositors, all of the depositor jointly, or other special condition for repayment as may be required.

4.Speciman Signature

Applicant A	Applicant B
1.	1.
2.	2.
3.	3.

5. Introduction of the Account

I know the applicant for this account personally sinceand confirm his/her/their address stated in the applicant

Name.....M.No./Account No.....

Signature.....

In case of Bank staff

Name.....Designation.....Singnature.....

Clerk

Manager

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FORM DA 1

Nominatin under section 35 ZA read with section 56 of the Banking regulation Act. 1949 and Rule2(1) of the Co-operative Bank(Nomination Rule, 1985) in respect of the Bank deposits

I / We(Name& address of the customer)
 Nominee the following person to whom in the event of my/ our/ minors death, the amount of the deposit particulars where are given below, may be returned by the Kuttiattoor Panchayath Service Co-op: Bank Ltd. No c 817

Deposit

Nature of deposit	Distinguishing No.	Additional details if any

Nominee

Name	Address	Relationship with Depositor if Any	Age	If nominee is a minor his/ her date of birth

As the nominee is a minor on the date, I /We appoint Sri/Smt./Kumari.....
(name, address&age) to receive the Amount of the deposit on behalf of the nominee in the event of my minor’s death during the minority of the nominee.

Signature’s of Depositors

Name, Signature’s and

Address of witnesses

Clerk

Manager