The Kodungallur Town Co-operative Bank Ltd., No. 102

ACCOUNT OPENING FORM

The Branch Manager,
Kodungallur Town Co-operative Bank Ltd., No. 102
..... Branch

Type of A/c

A/c No.

Date.....

(For Branch Use)

NAMES & COMMUNICATION ADDRESSES

Please open an account as per details below: (in block letters)

1. First Applicant..... M F TG

Customer ID Aadhar No

PAN No or Form No.60

2. Second Applicant..... M F TG

Customer ID Aadhar No

PAN No or Form No.60

3. Third Applicant..... M F TG

Customer ID Aadhar No

PAN No or Form No.60

1. Address	2	3
Land/Mob No.	Land/Mob No.	Land/Mob No.

Date of birth in case of minor.

TYPE OF ACCOUNTS TO BE OPENED

Name of Deposit		Amount ₹	Period
1. Fixed Deposit			
2. Savings Bank A/c			
3. Current Account			
4. Recurring Deposit			

MODE OF OPERATION

1. Single 2. Either or survivor of us 3. Former or survivor of us
4. Latter or survivor of us 5. Both or survivor of us 6.....(Please specify)

INSTRUCTIONS REGARDING INTEREST PAYMENT & RENEWAL ETC

1. *Please remit interest by Draft.* ☐
2. *Credit interest to my S.B./ C.A. No ..... with you* ☐
3. *Please send deposit receipt / S.B Cheque book/ Passbook to me* ☐
4. *Auto Renewal Principal with Interest only* ☐
5. *Auto Renewal Principal only* ☐
6. *.....(Please specify other instructions)* ☐

Signature

1 *2* *3*

SPECIMEN SIGNATURE	1. Mr. / Mrs. / Miss..... will sign thus+..... 2. Mr. / Mrs. / Miss..... will sign thus+..... 3. Mr. / Mrs. / Miss..... will sign thus+.....

	1	2	3
Give PAN incase the Depositor is an Income tax Assessee			

	1	2	3
Affix a Passport Size Photograph if the Depositor is not a member of the Bank.			

	1	2	3
If the Depositor is an "A" class members of the Bank give their Membership. Number (applicable to all form of Deposits)			

PARTICULARS OF INTRODUCTION

		1	2	3
If the applicants are already a customer in any other branches give the Account Number	Name of Branch			
	Account Number			

If not the name & Address of the Introducer & his Account Number	

VERIFICATION OF SIGNATURE	Verification is not necessary if you have an account with this Branch..... Above Signatures verified. Give Account No. Name/ Signature of person verifying, with rubber stamp. (Where applicable)

NOMINATION

NOMINATION FORM DA1

Nomination under Sec. 45ZA of the Banking Regulations Act 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I/We.....

Name (s) & Address (es)

nominate the following person to whom in the event of my/our/minor's death the deposit in the account, particulars whereof are given below, may be returned by Kodungallur Town Co-operative Bank Ltd.

_____

(Name of branch where account is held)

DEPOSIT

Nature of Deposit	Distinguishing Number	Additional details, if any

NOMINEE

Sl No.	Name & Address	Relationship with Depositor	Age	% of share	If nominee is a minor his/her date of birth
1					
2					
3					
4					

* As the nominee is a minor on this date, I/we appoint..... (Name, address & age) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

_____

* Name, Signature and Address of witness

Place _____

* Strike out if nominee is not a minor

Date: _____

+ Signature (s) of depositor (s)

* 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

IF NOT NOMINATING ANYONE

I/We hereby declare that, I/We do not want to nominate anyone.

Name & Signature (s) of witness (es)

Signature of depositor (s)

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) entered in Nomination Register Sl. No..... Dt. .....

Customer advised on..... and acknowledgement received on .....

Open Account opened Date..... 20

No. of Cheque Book / F.D.R. issued

from.....

to.....

BRANCH MANAGER LEDGER KEEPER ACCOUNTANT

Certificate of Introduction

I certify that I have known Mr./Mrs./Miss. ..... for the last..... years and confirm his/her/their occupation and address stated in this application.

Signature

&

Address

Yours faithfully

1.

2.

3.

(If the Account is to be opened in the name of a Registered Charitable Society, Registered Club, Partnership Firm, Public or Private Ltd, Company or other Body Corporate a true copy of the Bye-Law or Rules and Regulation or Partnership Deed or Articles of Association as the case may be, should be produced, along with the specimen signature of the office bearers having control of the Institution, Organisation which are duly affiliated to any Central Association or other Organisation may have to state the affiliation number and other particulars with a list of office bearers authorised to operate the Account. This is applicable to all forms of accounts in the name of body corporate and other association of person.)