

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

ACCOUNT OPENING FORM

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

Type of A/c

A/c No.

Date.....

..... Branch

(For Branch Use)

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

NAMES &
COMMUNICATION
ADDRESSES

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 <input type="checkbox"/>		
2. Savings Bank A/c <input type="checkbox"/>		
3. Current Account <input type="checkbox"/>		
4. Recurring Deposit <input type="checkbox"/>		

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. X

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+.....

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 mem- bers of the Bank give their Membership. Number (applicable to all form of Deposits)	1	2	3

PARTICULARS OF INTRODUCTION

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

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

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

NOMINATION

* 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

+ Signature (s) of depositor (s)

Place _____

* 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

* Strike out if nominee is not a minor

Date: _____

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. x

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.)