

**CHERUKAVU PANCHAYAT SERVICE
CO-OPERATIVE BANK LIMITED**

NO. M-285, AYIKKARAPPADI
0483 2791126
cherukavuscb@gmail.com
www.cherukavuscb.com

ACCOUNT OPENING FORM

Account No.

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Date

		/			/		
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Please tick (✓) type of account required

Please open an account as per details below :

SAVING ACCOUNT <input type="checkbox"/> Required Cheque Book <input type="checkbox"/> Initial Amount <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					FIXED DEPOSIT <input type="checkbox"/> Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Period <table border="1"><tr><td></td><td></td><td></td></tr></table> Days / Months / Years Interest..... %																								CURRENT ACCOUNT <input type="checkbox"/> Initial Amount <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Linkage with SB <input type="checkbox"/> CA <input type="checkbox"/> Account No. <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
KSHEMANIDHI DEPOSIT <input type="checkbox"/> Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Period <table border="1"><tr><td></td><td></td><td></td></tr></table> Days <table border="1"><tr><td></td><td></td><td></td></tr></table> Month/s <table border="1"><tr><td></td><td></td><td></td></tr></table> Year/s Maturity Value <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																		RECURRING DEPOSIT ACCOUNT Period <table border="1"><tr><td></td><td></td><td></td></tr></table> Months Monthly Installment <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																			

INTEREST RATE :

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FULL NAME (IN BLOCK LETTERS)

A																					D	D	/			/			/					
B																						D	D	/			/			/				
C																						D	D	/			/			/				

DATE OF BIRTH

D D MM Y Y

NATIONALITY (Other than Indian)

PAN / GIR Number (in an assessee)
or Form 60/61 of Income Tax Rules

A																																									
B																																									
C																																									

	A	B	C
Photographs			
Specimen Signature	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Signature and name of verifying official			

NOMINATION REQUIRED FORM FILED NOT REQUIRED

MODE OF OPERATION

Self only Former of Survivor Either or Survivor

Anyone or Survivor Jointly Any other (Specify)

SMS Alert ATM Mobile Passbook

ADDRESS WITH TEL/FAX/MOBILE/E-MAIL ETC.

	A				B				C				
	RESIDENCE				RESIDENCE				RESIDENCE				
S/o., D/o., W/o.													
HOUSE NO.													
HOUSE NAME													
PLACE													
POST OFFICE													
WARD NO.													
PANCHAYATH													
VILLAGE													
TALUK													
DISTRICT													
PINCODE													
TELEPHONE													
MOBILE													
E-MAIL													
	OFFICE				OFFICE				OFFICE				
DESIGNATION													
OFFICE NAME													
LOCATION													
POST OFFICE													
PIN CODE													
TELEPHONE													

PLEASE CREDIT THE MONTHLY / QUARTERLY INTEREST OF THE ABOVE FIXED DEPOSIT TO MY / OUR SBACCOUNT NO..... WITH YOU / YOUR..... BRANCH

I/We agree to abide by the bank's rules relating to the conduct of the above accounts / services / products.
I/We authorize the Bank / their representative to verify the details given herein accounts.

Yours faithfully

PARTICULARS OF INTRODUCTION / IDENTIFICATION (A or B or C)

A If the applicant (s) is / are already a customer of the branch, please give account number

B. Name and address of Introducer _____

Introducer's A/c. No: Since

"I Certify that I have known, Mr./Mrs./Miss. _____ for the last _____ month / years and confirm his/her/their occupation and address stated in his / her / their application to open the account"

(Signature of Introducer)

Nomination

**CHERUKAVU PANCHAYAT SERVICE
CO-OPERATIVE BANK LIMITED No. M-285**

AYIKKARAPPADI P.O.

Form DA 1

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1)
of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I / We (Names and 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 the Cherukavu Co-Operative Bank Ltd.
Ayikkarappadi, P.O. Ayikkarappadi _____

DEPOSIT

Nature of	Distinguishing Account No.	Additional details, if any

1. **Nominee**

Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

2. As the nominee is 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 of my / our / minor's death during the minority of the nominees.
(strike out, if nominee is not a minor)

Place : Ayikkarappadi

Date :

Name(s), Signature(s) and

Address(es) of witnesses

Signature(s) / Thumb impression(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.

@ Thumb impression(s) shall be attested by two witnesses.

Entered

Accepted / Rejected

Clerk

Accountant

Secretary