

## THE CALICUT CO-OPERATIVE URBAN BANK LTD., No.1538

(RBI Licensed No.UBD.KR.813.P)

HO-Kallai Road, Kozhikode-673002,Ph:0495-2307221-24,Email- calicuturban@gmail.com

## **DEPOSIT ACCOUNT OPENING FORM**

		Branch :													
DATE			ACC	OUNT NO.											
_	Cus	stomer Nan	ie				1 1		Custo	mer IC					
1					1										
2					2										
3					3										
Dear Si	ir/Madam,														
Donle .	I/We request you ton the following term			alus a Danasit l			nt in my/	our na	me/s in a	accorda	nce v	vith	the F	Rules	of the
Dalik,	on the following term	is and conditions	and issue in	DEPOSIT	-										
			OCIT	DEPOSIT	DE.	LAII	<u> </u>		CLIDD			0.01			
DEMAND DEPOSIT						RECURRING DEPOSIT									
	vings Account		me Name			]	Mon	thly I	nstalme	nt Rs.					1
2 Cu	rrent Account	Sche	me Name				Dura	tion : N	Month		Ŋ	Year	s _		
With C	Cheque book	With	out Cheque	book			Mon	thly ins	stalment	Debit f	rom	SB/0	CA N	lo	
4 E.	1D '			TERM DI		IT									
	xed Deposit			Scheme Nan											
	einvestment			Scheme Nan	ne										
	nt			Г											1
Durati	,			Months				١		Years					
	er Auto Renewal without interest,	•					h Intere	est [	•	or With	10ut	inte	rest		
	ical interest Mo at Payable Accoun												ر (ار	D/N	FFT
to( Ac	count holder Na	with					bank,								
	branch, hav	_													
	newal option is not avaird Deposit, which is not op				al after 7	days fro	om the due	e date.							
a: 1			. [	MODE C		ERA	$\neg$								
Single others (S	JointlySpecify)	Any one or sur	vivor	Either or survi	ivor		Later	or surv	ivor	F	orme	er or	survi	vor	
	ecount holder/s is/are		•	•					stomer	ID					
PAN	T	he following		ACCOUN	T OPI	ERAT	ORS		count						
Operat			_	Designation											
Operat				Designation	` •	•	ĺ								
Operat	or 3. Name			Designation	(if A	plica	able)								
				TDS DETA		•									
	r TDS to be deducted		No	If No, exemp	tion as <sub>l</sub>	oer 15	G		15H	E:	xemp	tion (	Certif	icate	
	• /			BANKING SI	ERVIC	EES									
ATM	h to avail the following  Details		SMS Alert	on Mob	ile No.							-			
Mobile E	Banking / IMPS	on Mobile No.					_other se	ervices	(Specify	_					

## JOINT DECLARATION

	, .	agree and authorize THE			d to permit premature withdray	vals of the Deposit				
Nam	ie.	Applicant 1		Applicant 2	Applicant 3	Applicant 3				
	ature									
I/We	agree to be bou	and by all Rules and Reg	gulations of the bank a	governing the accounts from	om time to time.					
Appli	icant 1.		Signature							
Appli	icant 2.		Signature							
Appli	icant 3.		Signature							
	ination Require hereby declare	ed Yes No that I/We am/ are not i			nomination not required, please sign	the following declaration				
Applicant 1										
				NATION FORM FORM DA 1						
Non Rule 1/W	es 1985 in respect [Name(s)]	Section 45ZA of the pect of the bank deposed wing person to whom	its.	Ado	dress (es)  ne amount of the deposit, paranch Name & Address					
	given below, n	may be returned by Th	e Cancui Co-operai	Tive Orban Bank Ltd, [B	branch Name & Address]					
DEF	POSIT & NO	MINEE DETAILS								
	Nature of Deposit	Distinguishing No.	Additional Details if any	Name & Address	Relationship With depositor, if any	Age, if nominee is a minor his/ Her Date of birth				
Mr./	s the nominee Ms./Mrs./Mx. tionship	is a minor on this date [Name]		[Address]	[Age	]				
to rec	ceive the amour	nt of the deposit on beha	lf of the nominee in the	he event of my/our/minor's	s death during the minority o	f the nominee.				
SIG	NATURE(S)									
	Signature(S)/Thumb Impression(s) of Depositor(s) Signature(S)/Thumb Impression(s) of Depositor(s) Signature(S)/Thumb Impression(s) of Depositor(s)									
WIT	ΓNESS(ES)									
Nam Add	ne : 1			2						
Sign	atures :									
	* Strike out if non * Where deposit is	ninee is not a minor s made / account is held in th on(s) shall be attested by two		mination should be signed by a	person lawfully entitled to act on	behalf of the minor				
			FOR OF	FICE USE ONLY						