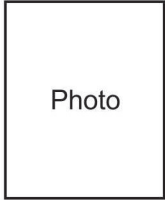




To,  
**Sree Thyagaraja Co-operative Bank Ltd.**

A/c. No. \_\_\_\_\_

PAN/GIR No. \_\_\_\_\_



Dear Sir / Madam,

Date.....

I/We request you to open a Savings Bank/Current Account in my/our name/s in the books of the Bank.

Name in full (in capitals)	Occupation	Address of the First Depositor	
1.			
2.			
3.			
4.		Telephone No :	
<b>IN CASE OF MINOR</b>	<b>Date of Birth :</b> .....	<b>Name of the Guardian</b> .....	<b>Relationship</b> .....
<b>IN CASE OF JOINT ACCOUNT</b>	<b>Account to be operated by ..... only severally jointly</b>		

- \* I/We have understood the Rules for SB/Current Account. I/We agree to comply with and be bound by Bank's Rules Now in force and from time to time in force for conduct of such Accounts. I/We declare that I/We am/are Indian National/s and resident/s of India.
- \* In the event of death of any of us, the survivor/s or the continuing account holder/s of us shall have full control and be entitled to continue operation of the Account or to receive all the monies standing in our account with you. STRIKE OUT IF NOT OPTED.
- \* We do not enjoy any credit facility with any other Bank/Branch. We undertake to inform you as and when credit facilities are availed by us, with other Bank/Branches.
- \* Details of Credit Facility. I/We am/are not enjoy any Credit facility with any other Bank / I/We enjoying .....facility with .....Bank
- \* I/We enclose Specimen Signature Cards.

Yours faithfully,

<b>Signature/s of the depositor/s</b>	1.....	2.....
	3.....	4.....

**INTRODUCTION**

I know the applicant(s) personally for a period of ..... Year/s and Confirm his/her/their address stated in the application. I recommended that the Bank may consider to open the Account.

Name

Account No.

Address

Signature of Introducer

**FOR OFFICE USE**

Signed before me / Introducer's  
Signature verified

Supervisor

SP/Staff No.

**PERMITTED TO OPEN ACCOUNT**

Manager

**Note :** 1. For illiterate depositors, obtain Appendix-3 of Savings Bank Account Chapter of Manual of instruction on a Saving Bank A/C and Current A/C. Strike Out whichever is not applicable

**SAVINGS BANK / CURRENT ACCOUNT OPENING FORM (FOR INDIVIDUAL AND JOINT ACCOUNTS)**

**Nomination Form DA -1**

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)

I/we nominate the following person to whom in the event of my/our/minor's death the amount or the deposit Outstanding in my/our account opened herewith may be returned by you.

Name and Address of Nominee	Age	Relationship	Date of Birth (If nominee is minor)

\*\* As the nominee is a minor as on this date, I/We appoint Sri/Smt./Kum\_\_\_\_\_ (Name,address,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 nominee.

Place \_\_\_\_\_

Date \_\_\_\_\_

\* Signature/s of Depositor/s

Note : Where the deposit is made in the name of a minor the nomination should be signed by a person law-fully entitled to act on behalf of minor.

\*\*\* Witness

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

LTI to be attested by 2 witnesses.

\* Strike out, if nominee is not a minor.

FOR OFFICE USE ONLY

Nomination accepted and registered vide Regn. No. \_\_\_\_\_ dt. \_\_\_\_\_

For **Sree Thyagaraja Co-operative Bank Ltd.**

Supervisor

Officer /Manager