

The Citizen Co-operative Bank Ltd.

Branch _____

Memb. No. _____

Latest Photo
duly attested
by Bank

[Please (✓) where applicable]

☐ Reinvestment Deposit Rs. _____

☐ Fixed: Credit monthly/quarterly interest to my A/c. No. _____

☐ Automatic Renewal

Term _____ R.O.I. _____

In case existing customer of The Citizen Co-op. Bank Ltd., please mention A/c. No. _____

_____ Branch.

(USE BLOCK LETTERS)

FULL NAME (S) (Income Tax PAN)	DATE OF BIRTH/ INCEPTION	OCCUPATION	ADDRESS WITH TELEPHONE NOS.
A. ()			
B.			
C.			

Name of guardian _____ Relationship _____

☐ SINGLE
 ☐ JOINT
 ☐ EITHER OR SURVIVOR
☐ ANY ONE OR SURVIVOR
 ☐ FORMER/LATTER OR SURVIVOR
☐ (Please specify)

<input type="checkbox"/> DEDUCT TAX FROM INTEREST EARNED	<input type="checkbox"/> MEMBER OF THE BANK, TD.S. NOT APPLICABLE
<input type="checkbox"/> FORM 15H/G ENCLOSED	<input type="checkbox"/> NO TDS APPLICABLE, INTEREST EARNED < TAXABLE LIMIT

I/We agree to comply with the rules of the Bank in force from time to time governing the conduct of the account and agree to be bound by them.

Date _____

(Applicant's Signature)

Applicant/s Signature/s	Signature of verifying official (For Bank's use)

I/We confirm the identity, occupation and address of the applicants.

Name

Account No. _____ Signature _____

I/We _____
Name (s)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account may be returned by The Citizen Co-op. Bank Ltd.

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

* 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 of Witness & Address

+ Signature (s) of depositor (s)

Place _____

* Strike out if nominee is not a minor

- + Where deposit is made in the name of a minor, nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Date: _____

Signature of introducer verified by _____

Opening of account authorised by

Account opened by _____

For Customer profile refer to A/c opening form of
SB/CA/C/FDA/c No. _____

Authorised Signatures recorded by _____