

THE PUNNOL SERVICE
CO-OP: BANK LTD., NO. F. 972
HO. KURICHIYIL, P.O. KURICHIYIL ,

APPLICATION FOR OPENING (For individuals)
SB ☐ RD ☐ FD ☐ CA ☐
General ☐ Senior citizen ☐
Account No.....
Cust ID.....1
.....2
.....3

BRANCH _____

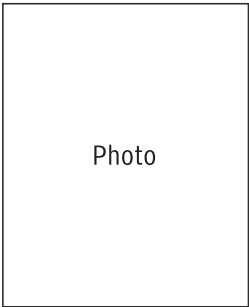
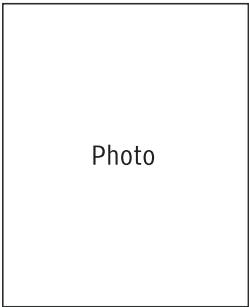
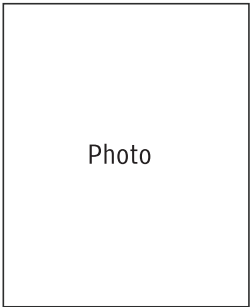
Dear Sir,
Please open a Deposit Account as per details given below: *(Name & Address in CAPITAL LETTER)*

	First applicant	Second applicant	Third applicant
Name			
Father’s Name			
House Name			
Post Office			
Street			
PIN			
Panchayat/Municipality			
Nearest Bus Stop / Public Institution			
Telephone No.			
Mobile No.			
E-mail			
Member No.			
Date of birth and Age			
PAN/TIN			
Proof of Identity submitted for PAN exempt cases Please Tick (✓) (Number) <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving License <input type="checkbox"/> Others			
Gender			
Religion & Caste			
Nationality			
Occupation			
If minor, Name of guardian			
Proof of Address to be provided by Applicant: <input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Latest Bank Account Statement/Passbook <input type="checkbox"/> *Latest Telephone bill (only land line) <input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Others *Not more than 3 months old			

TYPE OF DEPOSIT Please Tick (✓) whichever is applicable	Amount	Period	Rate of Inerest
Saving Bank/ Fixed Deposit/Recurring Deposit/Current Account			
Amount in words.....			

MODE OF OPERATION			
<input type="checkbox"/> Single	<input type="checkbox"/> Former of Survivor/s	<input type="checkbox"/> Latter or Survivor/s	
<input type="checkbox"/> Either or Survivor/s	<input type="checkbox"/> Any one or Survivor/s	<input type="checkbox"/> All/Both of us/Survivor/s	<input type="checkbox"/> Any other (specify)

Instructions	Credit monthly interest at discounted rate / quarterly interest to my/our SB A/c. No..... with you/your.....branch Remit to me/us by Demand Draft/Pay order others (specify) Renew the deposit after due date <input type="checkbox"/>
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Specimen Signature/ Left Hand Thump impression of Applicants

1. _____
2. _____
3. _____
1. _____
2. _____
3. _____
1. _____
2. _____
3. _____

Declaration	1. I/We agree to comply with and be bound by Bank’s rules and regulations regarding the conduct of the account of the as well as any other rules governing the scheme/s in force from time to time. 2 Signature / Left hand thumb impression of applicants (1) (2) Witnesses (3) 1 2
Introduction	Introduced by (Name & Address) Telephone No. Type of A/C. & No <div>Signature</div>
For Bank use	KYC Norms complied, verified and Account opened Date : A/c. No <div>Manager/Authorised Officer</div>

Form DAI
Nomination Under Section 45Za, of the Banking Regulation Act 1949
and Rule 2(1) of the Banking Companies (Nomination) Rules 1985
in respect of Bank deposits

I/We.....
(Name & 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.....
(Name & Address of Branch/Office in which deposit is held)

Details of Deposit			Nominee			
Nature	Distinguishing No.	Additional Details, if any	Name	Address	Relationship with depositor if any	If nominee is a minor date of birth & age

2* As the nominee is a 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 on my/our/minor’s death during the minority of the nominee

Place :

Signature/Left hand thumb impression of depositor/s

Date :

1.

Name, Signature and Address of witness/es

2.

*Strike out if nominee is not a minor
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.
Thump impression should be attested by two witnesses and Manager / Asst. Manager
NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON
Nomination Registration No. Date.....

CLERK

ACCOUNTANT

MANAGER