KARAMANA CO OPERATIVE URBAN BANK LTD NO 1761

Thiruvananthapuram - 695 002

Main Branch / Thirumala Branch

Account Opening Form
(Current A/c / Savings Bank A/c / Recurring / Deposit)

Deposit No
Due Date
Officers Initial

Please Open ☐ Current A/c ☐ Savings Bank A/c with Cheque Facility ☐ Savings Bank A/c without Cheque Facility ☐ Recurring Deposit

(Please fill the form in BLOCK LETTERS)
PERSONAL DETAILS

Application Date

APPL	PREFIX	FULL NAME
1st		
2nd		
3rd		

1Address

Pincode

Tele Ph. Mob.

2nd Appl. Address same as primary ppl. ☐ Yes ☐ No 3rd Appl. Address same as primary ppl. ☐ Yes ☐ No

(Please fill the following address coloumn if joint applicants address is not same as primary applicant)

2Address

Pincode

Tele Ph. Mob.

Pan No. if not available please attach form 60/61) FORM 60/61 Attached Mothers Maiden Name

1st			
2nd			
3rd			

In case the applicant is a minor, please write parent/guardian's name (as an applicant) below the minors name

NOMINATION ☐ Yes ☐ No I declare that I do not wish to make nomination in my deposit account

DEPOSIT DETAILS Amount Tenure : Months Days

Rate Of interest _____

Account Opening Instructions ☐ Single ☐ Either or Surviver ☐ Jointly

I/We agree to abide by the Banks rules relating to Current A/c Savings A/c Recurring Deposit A/c and also confirm that the details provided on the form are correct.

Name ..... Name ..... Name .....

Member No..... Member No..... Member No.....

INTRODUCTION
I know the above applicant (s) personally for a period of (occupation & address) .....Years / months and confirm his / her identity,

Name.....

Address..... Member No.....

..... Account No.....

Signature Verified

Branch Manager

Nomination

Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits I/we.

Name
Address

nominate the following person to whom in the event of my/ our/ minors death the amount of deposit in the account, particulars whereof are given below , may be returned by Karamana Co operative Urban Bank Ltd. 1761,(Name of the branch where account held)

Deposit Nature of deposit Account No.

Personal Details of your nominee

Name
Address
Pincode
Phone
Relation with depositor (if any)
Age Date of Birth of Nominee

As the nominee is a minor on this date, I/We appoint

Name
Address
Age to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Personal details of your Witness

Name I.....
Address .....
.....
Signature .....
Place .....
Date .....

Name I.....
Address .....
.....
Signature .....
Place .....
Date .....

Occupation ☐ Salaried ☐ Self employed ☐ Retired ☐ Housewife ☐ Politician
☐ Student ☐ If others specify _____

if salaried employed with ☐ Pvt. Ltd. ☐ Partnership ☐ Public Ltd. ☐ Government
☐ Multinational ☐ If other specify _____

Self employed since ☐☐ Years ☐☐ Months ☐ Agriculture ☐ Trader
Nature of business ☐ Manufacturing ☐ Service Provider
☐ Stock brocker ☐ Real estate ☐ If others specify _____

Date of incorporation ☐☐ ☐☐ ☐☐☐☐
Type of company / firm ☐ Sole proprietorship ☐ Partnership ☐ Public Ltd. Co. ☐
☐ Private Ltd. Co. ☐ If others specify _____

Self employed professional ☐ Doctor ☐ CA / CS ☐ Lawyer ☐ Architect ☐ IT Consultant
☐ If others specify _____

Source of funds ☐ Salary ☐ Business income ☐ Agriculture ☐ Investment Income
☐ If others specify _____

Gross annual income ☐ Less than 50000 ☐ 50000 to 100000 ☐ 100000 to 300000
☐ 300000 to 500000 ☐ 500000 to 750000 ☐ 750000 to 1000000

Residance type ☐ Owned ☐ Rented / Leased ☐ Ancestral / Family ☐ Comapny Provided