



People's Urban Co-operative Bank Ltd. No. 51

H.O. : Tripunithura. Phone : 2783446, 2776446

ACCOUNT OPENING FORM

Please fill the form in CAPITAL LETTERS

Account No. :

Savings Account / Current Account / Fixed Deposits / Recurring Deposits

The Branch Manager, People's Urban Co-operative Bank Ltd. No. 51, Tripunithura

Date :

Please open my Sole/Our Joint/Sole Proprietorship Account at your Branch :

DETAILS OF APPLICANT

NAME

1st Applicant : Mr./Mrs./M/s.

2nd Applicant : Mr./Mrs./M/s.

3rd Applicant : Mr./Mrs./M/s.

4th Applicant : Mr./Mrs./M/s.

Existing Cust. ID : 1st Applicant :

2nd Applicant :

3rd Applicant :

4th Applicant :

Firm name (for sole proprietorship)

ACCOUNT IN THE NAME OF MINOR (Strike off if not applicable)

Title First Name Middle Name Surname

Guardian's Name :

(In case applicant is minor)

Date of birth (of minor) :

Date

Relationship with minor : Father : Mother : Other

(Please specify)

I shall represent the minor in all future transaction of any description in the above account till the said minor attains majority, I shall indemnify the bank against any claims of the above minor of any withdrawals / transactions made by me in his / her account.

Signature of Guardian

INSTRUCTION FOR ACCOUNT OPERATION

Single Either or survivor Former or survivor Anyone or survivor Jointly by all Others (please specify)

1st Applicant

2nd Applicant

3rd Applicant

4th Applicant

Signature

Signature

Signature

Signature

Applicant / guardian should also sign across photograph as well as in the space provided for signature.

INTRODUCTION DETAILS

Introduction by

Name :

Cust ID :

Signature of introducer

Self introduction

Account No. :