

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

## ACCOUNT OPENING FORM (CURRENT / SAVINGS BANK)

Progressive No.	
Ledger No.	

Photo

The Manager,  
People's Urban Co-operative Bank Ltd.,

Branch.....

Date.....

Dear Sir,

Please open a Current / Savings Bank Deposit Account in my name / our name in the books of the Bank for credit of which I / we deposit Rs..... I / We agree to comply with and be bound by the Bank's Rules, for the time being for the conduct of such accounts.

For Individuals, Joint and Firm Accounts only	The account will be operated by..... ..... .....and in the event of the death of any of us, the balance at the credit of account will be payable to the Survivor or Survivors.
For Societies / Limited Liability Companies only	The account will be operated by..... ..... .....as per copy of the resolution passed by the Board of Directors / Managing Committee as stated overleaf.

Be good enough to furnish a Pass Book and Cheque book and note my / our signature/s as under.

Your faithfully,

Name .....

Address .....

Permanent Address .....

Business or Profession .....

.....

Telephone number, if any .....

Date of Birth (If Depositor is a minor).....

Signature/ s

Full Names of the operators of the account	Specimen Signature/ s
Sri/Smt .....	Will sign as .....
" .....	" .....
" .....	" .....
" .....	" .....

Introduced by \* .....

(Name and Address)

Signature, A/c. No. ....

\* To be introduced by a Customer of some respectable person known to the Bank.

Branch Manager's Signature

(P.T.O.)

1. [For the use of Co-operative Societies and Limited Liability Companies only] Copy of resolution Passed by the Board of Directors / Managing Committee of the.....  
 .....  
 (Name of Society or Company) at their meeting held on..... 20.. .....  
 Resolved that a Bank account be opened with the People's Urban Co-operative Bank Ltd. in the name of.....  
 .....Ltd ..... and  
 further resolved that the same may be operated by the following office bearers on behalf of the  
 .....  
 (Name of Society or Company)

Sri/ Smt.....  
 Sri/ Smt.....Mode of operation.....  
 Sri/ Smt.....  
 (Name & designation/s of the operator/s of the account)

**TRUE COPY**

.....  
 (Confirmatory Signature of the Chairman)

2. (For the use of sole proprietary account)

I hereby declare that I am the sole proprietor of the.....  
 ..... and I undertake to inform the Bank in case of change in  
 the constitution of the concern.

.....  
 (Signature of the Sole Proprietor)

**(FOR THE USE OF JOINT ACCOUNTS)**

3. For the use of joint account, we the undersigned, have opened joint account with an initial deposit of Rs..... in our joint names and it shall be maintained with further deposits and / or withdrawals from time to time. In the event of the death, insolvency or withdrawal of any of us, the survivor / survivors of us, shall have full control of any money then and legal representative / representatives of the deceased shall be entitled to claim any right in the said account adverse to the interest of the survivor / survivors the money, as it may stand to the credit in the account from time to time belongs to us jointly and no other person / persons has / have any interest whatsoever therein.

1. ....  
 2. ....  
 3. ....  
 (Signature of Joint account holder)

FORM DA I

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of the bank deposits

.....  
 I / We.....  
 .....

[Name (s) and address (es)]

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 and address of branch / office in which deposit is held)

Deposit			Nominee			
Nature	Distinguish- ing No.	Additional details, if any	Name & Address	Relation- ship 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 Shri/Smt/ Kum

.....  
 .....to receive the amount of the  
 [Name, address and age]  
 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) / Thumb impression(s) of depositor(s)

Name (s), Signature(s) and  
 Address(es) of witness(es)

- .....
- \* 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.
  - \* Strike out if nominee is not a minor.
- Thumb impression(s) shall be attested by two witnesses.