



ಶ್ರೀನಿಧಿ ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಬ್ಯಾಂಕ್ ನಿಯಮಿತ
ಬೆಂಗಳೂರು

**Sreenidhi Souharda Sahakari
Bank Niyamitha**

H.O. : No.113, R.V. Road,
Visveswarapuram, Bengaluru - 560 004.

Account Opening Form

C.C. No. : Membership No. : Pan : Branches : V.V. Puram / Bommanahalli

1. ACCOUNTS

ACCOUNT CHOICE

Savings A/c. (with Cheque facility)

Savings A/c. (without Cheque facility)

Current A/c.

Any other (Specify)

2. CONSTITUTIONS

Individual Private Ltd. Co.

Joint Account Public Ltd. Co.

Proprietary Partnership

Trust Co-operative Society

Any other (Specify)

3. DEPOSITS

INITIAL DEPOSIT Rs.

In words

.....

.....

4. MINORS

Guardian's Name: _____

Relationship Mother Father

Any other (Specify)

5. INTRODUCED BY

NAME: _____

ADDRESS _____

C.C.	
A/C No.	

I/WE KNOW THE APPLICANT FOR THE LAST _____ YEARS/ MONTHS AND RECOMMEND THEM TO YOUR BANK.

CITY Pin Code SIGNATURE OF INTRODUCER/S

6. NAME

1. Mr./Ms./M/s

2. S/o, W/o, D/o

3. Date of Birth 4. Occupation

1. Mr./Ms./M/s

2. S/o, W/o, D/o

3. Date of Birth 4. Occupation

1. Mr./Ms./M/s

2. S/o, W/o, D/o

3. Date of Birth 4. Occupation

7. ADDRESS

Phone: _____ Mobile _____ Fax _____

8. OPERATION

FOR INDIVIDUALS
SINGLY/SEVERALLY/JOINTLY/EITHER OR SURVIVOR

_____ Any other (Specify)

FOR FIRMS / COMPANIES
AS PER PARTNERSHIP DEED DATED

AS PER RESOLUTION DATED

AUTHORISED PARTNERS/DIRECTORS DESIGNATION

9. SIGNATURE

1. _____

2. _____

3. _____

FOR BANK'S USE

A/c opened by :	Date :
Verified / A/c may be opened	A/C. No.
Manager / Officer	A/C. closed on

STANDING INSTRUCTIONS

10. 1. FOR RECURRING DEPOSIT

Debit my SB Account No. _____

for Credit of my RD Account No. _____

2. ANY OTHER SPECIFY

11.

The Bank based on this application from the authorised Signatories mentioned under 'Operation', in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, can make payments/pre-mature payments of the proceeds of the Deposit at the time of closure of the Account.

I/We request and authorise you to honour all cheques or other orders drawn by me/us or bills of Exchange or notes drawn by me/us and I/we request you to debit such cheques or other orders, bills of exchange and notes as also amounts of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I/We draw Cheques/ Cash in excess of our credit balance in the account with the Bank as the necessity arises. I/We undertake to repay the amounts overdrawn with interest immediately. The Bank is hereby authorised to charge interest on the amount overdrawn as per the rules of the Bank in force with or without any advice to me/us.

I/We confirm that the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by me/us and I/We agree to abide and be bound by the same. I/We also agree to abide by the rules and regulations which may be modified from time to time.

I/We agree to abide by the Banks rules relating to Current/S.B./Account proposed minimum balance of Rs. _____ for Current/S.B. Accounts.

Further the Bank is given liberty to close my/our Account at its sole discretion without any prior intimation to me/us.

*

Signature of the Depositor/s

12.

Any document from each of the undernoted columns for a photo identity and proof of address :

I. Proof of Identity :

- 1) Passport
- 2) Voter ID Card
- 3) PAN Card
- 4) Office ID Card
- 5) Driving Licence
- 6) Pass Book (Bank, Post Office)

II. Proof of Address :

- 1) Electricity Bill
- 2) Telephone Bill
- 3) Bank Accounts / Credit Card statement
- 4) Letter from the Employee
- 5) Letter from any recognised public authority

INSTRUCTIONS

13.

NOMINATION FORM DA-1

Nomination under Section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

(to be filled in by the Depositor for this Facility)

I/We (Names & Addresses) _____

_____nominate the following person to whom in the event of My/Our/Minor's death, the amount of deposit, particulars there-of are given below, may be returned by the Sreenidhi Souharda Sahakari Bank Niyamitha _____

(Name and address of Branch/Office in which deposit held)

V. V. Puram / Bommanahalli

NOMINATION

Nature of Deposit	Name	Address	Relationship with Depositor if any	AGE	If nominee is a Minor his/her date of birth

2. As the Nominee is a minor* on this date, I / We appoint Sri / Smt./ Kumari _____

(Name, address and age) to receive the amount of the Deposit on behalf of the Nominee in the event of my/our/minor's death during the minority of the nominee.

Place : Bengaluru

Date : / /201

*

** Signature(s)/Thumb Impression(s) of Depositor(s)

*** Witnesses :

1. Signature :

Name :

Address :

2. Signature :

Name :

Address :

REMARKS

14.

Note : *Strike off, if nominee is not a minor * Signature of Depositor/s

** Where Deposit made in the name of the minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

*** Thumb impression(s) shall be attested by two witnesses.