



THE ADARSH CO-OPERATIVE URBAN BANK LTD.,

1-251/1, MPR Complex, Phase - 1, IDA, Jeedimetla, Hyderabad-055
Phones : 23094422, 23191851, 23191852, Fax : 23098833

CC No.

ACCOUNT OPENING FORM FOR SB A/C INDIVIDUAL / JOINT OR CURRENT A/C BY INDIVIDUAL / PROPRIETORY CONCERN

SB
CA NO

Please open my/our Saving Bank A/c Current A/c

Date :

Constitution : Individual Joint Individuals Proprietary Concern HUF

Operation : Self Jointly Either or Survivor / Severally Any other (Specify) :

	1st Applicant	2nd Applicant
Name/Proprietor Name		
Father's /Husband's Name		
Present Address		
Contact No.s		
Permanent Address		
Educational Qualifications		
Date of Birth / Age		
Profession / Activity / Service (if employed employer's address)		
PAN Card No.		
Details of any other Account with us with Signature		

FOR SOLE PROPRIETORSHIP CONCERNS

I, the undersigned, is the sole proprietor of the firm and am solely responsible for any future liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated. I/we don't enjoy any credit facility with any other Bank. While requesting you for opening the, Account in the name of _____ I have enclosed the Xerox copies of Documents as proof of the firm, Identity etc, and declare that they are true and correct.

Name : (Please sign. without Stamp) :

INTRODUCTION DETAILS :

Introducer's Name.....

Address.....

.....A/c No.....Ph/Cell No.(s).....

I/We know the applicant(s) personally for the last.....Years and recommend the applicant(s) to the Adarsh Co-operative Urban Bank Ltd., Jeedimetla for opening an account.

Signature

FOR BANK'S USE

Signature and Date of
Account Opening verified

Signature of Bank Officer

NOMINATION : FORM DA-1

* Under Section 45 ZA of The Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 I/We nominate the following person to whom in the event of my/our death the amount of balance in the account be returned to

Mr./Ms.....Age :.....
Address.....

.....Date of Birth :.....Relationship with depositor.....

As the nominee is a minor on this date, I/We appoint the following person to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Appointee: Mr./Ms.....S/o.....Age.....
Address.....

Signatures: 1 2 (Signature of the Nominee) (Optional)

DECLARATION FOR THE ACCOUNT OPENED IN RESPECT OF MINOR

I hereby declare that the date of birth of the above minor who is my ward is true and I am his/her Natural Guardian/Guardian appointed by the court order dated (Copy enclosed). I shall represent the said minor in all future transactions of any description of the above minor for any withdrawal transactions made by me in his/her account.

Signature of the Guardian

I/ We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with Bank and those relating to various services. I/We accept and agree to be bound by the said Terms and Conditions including those excluding limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us I agree that the Bank may debit my account for service charges as applicable from time to time. I/We confirm that I/We am /are residents of India. I/We donot enjoy any credit facility with any other bank. We undertake to inform you as and when credit facilities are availed by us with other banks.

Further in the matter of acknowledging debt arising out of debit balances in this account or anyother facility/facilities granted to any one of us or all of us, the debit acknowledged by any one of us or payment made by any one of us into any of such debt/debts is binding on all of us and saves limitation.

The Bank is at liberty to send the cheques submitted by us for collection to the credit of this account by ordinary post or by Registered post or by courier, and Bank has no responsibility what so ever in the matter incase such an instrument is lost in transit.

SPECIMEN SIGNATURE / DECLARATION

Signature

Signature

Signature of the Nominee (Optional)

Note : Please sign in black ink. Photographs should be signed across by the applicants. Sole proprietors to sign with firm's stamp

Photo

Photo

Photo
of the
Nominee
(Optional)

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

DOCUMENTS FURNISHED (Please Tick)

- Passport Size Photographs 2 Nos.
- Residence Proof
-
-
-

FOR BANK USE
Account Opening Approved by

Authorised Signatory

CC Entered by :

A/c Entered by :

Scanning by :

Authorised by :

Authorised by :

Authorised by :