



IRINJALAKUDA TOWN CO-OPERATIVE BANK

ACCOUNT OPENING FORM

The Branch Manager,
Irinjalakuda Town Co Operative Bank Ltd. No. 55

Branch Name

Account Number
(To be filled by bank)

I/We request you to open my/our account with the particulars as under:

TYPE OF ACCOUNT TO BE OPENED

Savings Bank A/c

Fixed Deposit

Recurring Deposit

Current Account

Platinum Jubilee
Deposit

Others

DEPOSIT PERIOD & AMOUNT

Years

Months

Days

Amount

SPECIAL FACILITIES FOR CD/SB

ATM

SMS Alerts

Mobile Banking

E Commerce

IMPS

Net Banking

NAME & CUSTOMER ID

Name Of First Applicant

Customer ID

Phone No.

PAN Number

Name Of Second Applicant

Customer ID

Phone No.

PAN Number

Name Of Third Applicant

Customer ID

Phone No.

PAN Number

MODE OF OPERATION

Single

* Either Or Survivor Of Us

*Former Or Survivor Of Us

*Latter Or Survivor Of Us

*Both Or Survivor Of Us

Other

STANDING INSTRUCTIONS

Send Deposit Receipt / SB
Cheque Book / Pass Book

Credit Interest To SB/CA/OD
(Account Number)

Remit Interest By
RTGS/NEFT

Beneficiary Details

Account Number

Bank Name

Branch Name

Beneficiary Name

IFSC Code

Other Instructions
(Please Specify)

MEMBERSHIP NUMBER (IF THE APPLICANT IS AN "A" CLASS MEMBER)

Membership Number Of First Applicant

Membership Number Of Second Applicant

Membership Number Of Third Applicant

Signature Of First Applicant

Signature Of Second Applicant

Signature Of Third Applicant

**Survived joint depositor is permitted for the premature withdrawal of the deposit.*



IRINJALAKUDA TOWN CO-OPERATIVE BANK

FORM DA 1 - NOMINEE ADDITION FORM

Nomination under Sec. 45ZA of the Banking Regulations Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

I/We

(Name(s) & Address(es)) Nominate the following person to whom in the event of my/our/minor's death the deposit in the account, particulars whereof are given below, may be returned by **Irinjalakuda Town Co Operative Bank Ltd.**

..... (Name of Branch where account is held)

DEPOSIT

Nature Of Deposit	Distinguishing Number	Additional Details, If Any

NOMINEE

Name & Address	Relationship With Depositor, If any	Age	If Nominee Is Minor, His / Her Date Of Birth

*As the nominee is minor on this date, I/we appoint

(Name, Address & Age)

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

Place

Date

**Signature Of First Applicant

**Signature Of Second Applicant

**Signature Of Third Applicant

* *Leave out, if nominee is not minor*

** *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.*

For Bank Use Only

Nomination Register Sl No:

(If Form DA 1 received)

Date

Customer Advised On

Acknowledgement Received On

Account Opened On

No. Of Cheque Book/FDR Issued

From

To

BRANCH MANAGER

CLERK

ACCOUNTANT