

DHAKURIA CO-OPERATIVE BANK LTD.

68, Tanupukur Road, Dhakuria,
Kolkata - 700 031



SAVINGS BANK

A/c. Opening Form

DCBSB - April '11 - 5000

Account No. :

Date :

Dear Sirs,

I / We request to open a Savings Bank Account in your Bank. I / We agree to comply with the Bank's rules in regard to Savings Bank Account and maintain a minimum balance of Rs. (Ordinary/Cheque facility) please supply me / us a Cheque Book for use on the account.

Name in Block Letters (State Mr. / Mrs. / Miss)	Address & Telephone No.	Occupation

Father's / Husband's Name

Nationality Date of Birth (in case of minor)

Permanent Address

The Account will be operated by

Strike out which is not applicable

Please insert one of the following choice of operation :

Yours faithfully,

1. Either of us or Survivor 2. Both of us or Survivor

3. All of us or Survivor 4. Any two of us or Survivor

5. Any one of us or Survivors

(Signature in full)

INTRODUCTORY REFERENCE

I hereby introduce to the Bank, for the purpose of opening of account, the above applicant(s) who is/are known to me personally.

.....
Name of Introducer

.....
Member No./S.B. A/c. No.

.....
Signature of the Introducer

NAME OF THE ACCOUNT HOLDER	SPECIMEN SIGNATURE	SIGNATURE VERIFIED

FOR OFFICE USE ONLY

Open account

Ledger headings authenticated

Account opened

MANAGER / ACCOUNTANT

ACCOUNTANT

LEDGER KEEPER

Dhakuria Co-operative Bank Ltd.

68, TANUKUKUR ROAD, DHAKURIA, KOLKATA - 700 031

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(Name & Address)

We 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 DHAKURIA CO-OPERATIVE BANK LTD., KOLKATA

Deposits			Nominee				
Nature of	Distinguishing No.	Additional details, if any	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 Shri / Smt. / Kum.

(Name & Address, 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 :

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 minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

★ Strike out if nominee is not minor.

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