



CALICUT CITY SERVICE CO-OPERATIVE BANK LTD.

No. D. 2777, HO: City Bank Jn., Chalappuram P.O., Calicut 2. Ph: 2306311, 2703311

Application for opening FD / CPD / City Charity/SFD Accounts

A/c Type		A/c No.		Date	
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1. Personal Details of the Depositor :

	Member No	Name	PAN
1.			
2.			

i). Address

House Name & No	
Place	
Post Office	City
Phone	Pin
E mail	Mob.

i. SB A/C No.		ii. Age		iii Date of Birth	
iv. Sex	M / F	v. SMS Banking Required	Yes/ No.	vi. Intimation Required	Yes/ No.

2. Account details

1) Operation of Account	Individual	Joint	Either or Survivor		Former or Survivor
2) Constitution	Individual	Institution	Trust	Society	Sole proprietorship

3) Account operated by

Sl No.	Name	Designation (In case of Institution)	Specimen Signature		
			1	2	3
1					
2					
3					

4) Amount by Cash/ Cheque (Cheque No.....) Transfer from my / our SB A/c

5) Total Amount: Rs.....(Rupees))

6) Requirements regarding Deposit Receipts:

Sl No.	Amount	No. of Bonds	Duration	ROI	Maturity Amount in case of CPD
1					
2					
3					

7) Standing Instruction

a) Please transfer interest on this account to SB/CA A/c No.....monthly/ quarterly/
half yearly/yearly.

b)-Any other Instructions.....

8). From 15G/15H. Attached

9). Introduced by

Name :		
Account type:	Account/Member No:	Signature:

Sir

Please open a FD/CPD/CITY CHARITY/SFD account in my/our name/Firm in the books of the bank for which I/we agree to comply with and be bound by the bank's rule for the time being in force for the conduct of such account. I declare that the above furnished details are true to the best of my knowledge.

Place:

Date:

Signature:

Nomination.

FORM DA1

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

I/we.....
Name (s) and address(s)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below may/to returned by the City Service Co-operative Bank Ltd.....Branch

Nature	Distinguish No.	Additional details if any	Name	Address	Relationship with depositor, if any	If nominee is a minor his date of birth
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As the nominee is minor on this date, I/we appoint Shri/Smt/Kum.....

(Name, address and age)

to receive the amount of the depositor on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Date : Signature (s) of depositor (s)

For Office use only

Documents submitted for the ID/Address/Age proof

Voters ID Card	Passport	Driving License	PAN Card	Verifying officer
Bank Passbook	Latest Telephone Bill	Ration Card		