Branch	ACCOUNT NO.	
Date		



ಶ್ರೀ ಚರಣ್ ಸೌಹಾರ್ದ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ. श्री चरण सौहार्द को-आपरेटिव बेंक लि. SREE CHARAN SOUHARDHA CO-OPERATIVE BANK LTD. ಶ್ರೀ ಚರಣ್ ಭವನ್ श्री चरण भवन SREE CHARAN BHAVAN

Head Office: #87/1, H.B. Samaja Road, Basavanagudi, Bengaluru - 560 004. Phone: 080-26676837, FAX: 080-26606135 www.sreecharanbank.com

APPLICATION FOR OPENING DEPOSIT ACCOUNT

	APPLICATION FOR OPENING DEPOSIT ACCOUNT					
	Short term Deposit					
	Recurring Deposit Charan Samruddhi Certificate PHOTO					
	Charan Suraksha Deposit					
CC/C	ID No. : Membership No. : Existing A/c. Details :					
Dear	Sir / Madam,					
17 W	e wish to Deposit ₹ for days/months @% p.a.					
	e open a Deposit Account as per details given below.					
	APLLICANT'S NAME					
	er's/Husband's Name					
	ential Address					
Age	of the Applicant					
Tel.	Nos. : (R)(O)					
	Mobile E-mail :					
SECO	ND APPLICANT'S NAME AND ADDRESS					
Date	of Birth (in case of Minor / Senior Citizen-Age proof required)					
Paya	ble to					
Spec	men Signatures					
opec	\(\text{}\)					
	7					
	Declaration/Other Terms & Conditions/Other information if any					
14	We agree to comply with and be bound by Bank's Rules and Regulations and by RBI directives egarding the terms & conditions of the Scheme as well as any other rules governing the scheme(s) in force from time to time.					
1	The Bank may on receipt of a written application from Smt./Sri					
4.	AN/GIR No					

ON MANDATE

B. Payment of A/c. No C. TDS to be de D. Nomination	educted : Yes / No made : Yes / No	nthly at discount	/ Other me	/ Quarterly may be transferred to means	
50 1 0 50 50 50 50 50 50 50 50 50 50 50 50 50			***************************************	·· • • • • • • • • • • • • • • • • • •	
				Signature of the Applicant	
Note : In the	event of death of the	Term Deposit holder, no	o Penalty wil	ill be charged for Pre-closure of Term Deposit.	
	tion under Sec. 45 ZA o	minationi kules. 1985 in	n Act, 1949	and rule 2(1) of the Banking Companies	
	•••••	······	•••••••	Duik deposit.	
nominate the follow particulars whereof	ving person to whom are given below, m	n in the event of my, ay be returned by	Address) /our/minor	r's death the amount of deposit in the account an Souhardha Co-operative Bank Ltd.	
Nature of Deposits	Distinguishing No.	Additional		Name & Address	
Верозиз	NO.	details, if any		of the Nominee	
Relationship with Depositor, if any	Age			nominee is minor,	
				ate of Birth & Age	
	residing atto receiv	e the amount of der	nosit in the	account on behalf of the nominee in the even	
Date :	Place :			ture(s)/thumb impression of Depositor(s)#	
Name & Address of	f the Witness		444		
Signature of witnes		***************************************			
	made in the name of m nee is not a minor. n(s) shall be attested b		ould by a as:	ssigned, lawfully entitled to act on behalf of the minor.	
		FOR OFFICE	USE ON	VLY	
Documents Received	☐ Self-Ce	ertified [☐ True Co	opies 🗌 Notary	
Risk Category	☐ High	1] Medium		
	VERIFICATION CAR			INSTITUTION DETAILS	
dentity Verification Emp. Name	☐ Done Dat	e	Nam		
Emp. Code			Code	le NOODON	
Emp. Designation Emp. Branch			Was Was	Model English Red Find CO.C. Security Red Find CO.C. Security Red Find Red Find Find Red Find Find Find Find Find Find Find Fin	
/ERIFIED ·	DIEACE	ODEN ACCOUNT		10 mm	
/ERIFIED :	Officer	OPEN ACCOUNT	••••••		
Date of				Branch Manager /Branch In-charge	
Account Opening			A/c. No.		