



Account No.

H.O / Branch

Date

Please tick (✓) type of account required

Please open an account as per details below:

SAVINGS ACCOUNT <input type="checkbox"/>	TERM / SPECIAL TERM DEPOSIT <input type="checkbox"/>	CURRENT ACCOUNT <input type="checkbox"/>
Without Cheque Book <input type="checkbox"/>	Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
With Cheque Book <input type="checkbox"/>	Rate of Int. <input type="text"/> %	
Minimum Balance Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Period <input type="text"/> <input type="text"/> Months	
Saving Bank Plus <input type="checkbox"/>	RECURRING DEPOSIT ACCOUNT	OTHERS
	Period <input type="text"/> <input type="text"/> Months	
	Monthly Installment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LINKAGE WITH
	1. General <input type="checkbox"/>	SB <input type="checkbox"/> CA <input type="checkbox"/>
	2. Senior Citizen <input type="checkbox"/>	DATE OF BIRTH

Full Name (IN BLOCK LETTERS)

A

DD / MM / YYYY

B

DD / MM / YYYY

C

DD / MM / YYYY

NATIONALITY.....

PAN/GIR Number (if an assessee) or Form 60/61 of Income Tax Rule

A

B

C

A

B

C

Affix Photographs of all persons opening the account



Specimen Signature	Signature and name of verifying official
A	
B	
C	

Nomination

Required, Form Filled Not Required

MODE OF OPERATION		Former or survivor <input type="checkbox"/>	Either or Survivor <input type="checkbox"/>
Self Only <input type="checkbox"/>			
Any one or Survivor <input type="checkbox"/>		Jointly <input type="checkbox"/>	Any Other (Specify) <input type="checkbox"/>

ADDRESS WITH TEL / FAX / MOBILE / E-MAIL

	Place of Work	Residence
A		
		Phone No. :
		Member No. :
B		
		Phone No. :
		Member No. :
C		
		Phone No. :
		Member No. :

I/We agree to abide by the Bank's rules relating to the conduct of the above accounts/services/products.

I/We authorize the Bank / their representative to verify the details given for STDR / TDR / MODS accounts.

Unless you receive a demand for payment or instruction to the contrary on or before the date of maturity, please renew / continue to renew the deposit similar period(s) at the then prevailing rate of interest.

Yours Faithfully

A

B

C

PARTICULARS OF INTRODUCTION / IDENTIFICATION (A OR B OR C)

A. If the applicant(s) is / are already a customer of the branch, please give account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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B. Name and Address of Introducer _____

Introducer's A/c No. :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Since

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* *) certify that i have known, Mr. / Mrs. / Miss _____ for the last _____ months / years and confirm his / her / their occupation and address stated in his / her / their application to open the account*.

_____ (Signature of Introducer)	_____ (Verifying Officer)
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List I	List II
i) Passport where the address differs <input type="checkbox"/>	i) CreditCard Statement** <input type="checkbox"/>
ii) Election ID Card* <input type="checkbox"/>	ii) Salary Slip* <input type="checkbox"/>
iii) PAN Card* <input type="checkbox"/>	iii) Income/Wealth tax assessment order* <input type="checkbox"/>
iv) Govt. / Defence ID Card* <input type="checkbox"/>	iv) Electricity Bill* <input type="checkbox"/>
V) ID Cards of reputed employers* <input type="checkbox"/>	V) *Telephone Bill* <input type="checkbox"/>
Vi) Driving License* <input type="checkbox"/>	

* With a self signed cheque drawn on existing bank

** (latest / recent)

Ration card is not be used as a document for establishing identity of proof of residence, as per recent directives of the Government of India.

FOR OFFICE USE

1. Applicant(s) interviewed and purpose ascertained (description) _____
2. Introducer called at the branch & interviewed by _____
3. Introducer did not call at the branch but confirmation obtained by _____ (mode of confirmation)
4. Particulars of identification _____ (Xerox copy of the documents obtained)

ACCOUNT

OPEN THE ACCOUNT REJECT (GIVE REASON)

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(Branch Manager / Authorised Officer)	Assistant	Officer
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5. Account opened on (date) _____
6. Account opened by ledger keeper (name) _____

 Authorised person / officer (name) _____
7. Customer Particulars loaded on site on _____
8. Nomination form entered in register & its serial No _____
9. TDR/STDR No. _____ dt. _____
10. Threshold Limit Rs. _____

Branch Manager / Authorised Official

Account transferred to _____ / Branch on

Account closed on _____

Signature of Officer

Nomination

Form DA 1

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

I/We _____

Name of Addressee

nominate the following [erson 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) _____

(Name and address of branch / office in which the deposit is held)

DEPOSIT

Nature of	Distinguishing Account No.	Additional details, if any

(Please Turn Over)

(Cut Here)

THE PONDICHERY CO-OPERATIVE URBAN BANK LIMITED

Date _____

_____ Branch

Shri / Smt. / Kum. _____

Dear / Sir / Madam

NOMINATION FACILITY

	We acknowledge receipt of nomination made by you in favour of
	Shri / Smt. _____
	_____ aged _____ years in respect of your
	Regd. No. _____ F.D. A/c No. _____
	(SB/CA/TDR/STDR etc.)
	of form DA 1 date _____
	Branch Manager

NOMINEE (S)

Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

2. As the nominee is minor on this date, I/We appoint, Shri. / Smt. / Smt. Kum. _____

(Name, Address and 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.

(Strike out, if nominee is not a minor)

place:

Date:

Name(s), Signature (s) and
address (es) of witnesses @

Signature(s) Thumb impression(s) of depositor(s)*

* Where deposit is made in the name of a minor, the nomination should be signed by the person lawfully entitled to act on behalf of the minor.

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

Authorised Officer