CC BANK	233	1 Photo	2 Photo		3 Photo
	AI CEN	TRAL CO		E BANK	LTD.,
TRUSTED FOR SAFETY AND GROWTH I/We request the Bank to open an acc	(SB/CURR	ing Form for	Individuals (Si	D/CSS)	
With Cheque Facility Without Cheque Facility Carrent Account Cash Ce	re of osit eposit rtificate	mount Rs. Period	Int. payable Int.	f Mat. value Rs.	Mat. Date
OPERATIONAL INSTRUCTION Single	E or S	Join	tly Ao	rS	Others
Customer Name & Address (All in	Fath Spouse	ner/	Sex Date of Birth	PAN / GIR No. @	Address Proof
Pan Card copy In the abse		R No., the applican		60 as in Page 3	
1. Pin: Phone: Mobile:			IN:	Phone :	
Pin : Phone : Mobile : 3.		2. F 3.	IN:	Phone :	
PIN: Phone: Mobile: We hereby confirm that the Rules of Business by the bank Rules and Regulations governing su I/We hereby declare that the above information	have been read in the country from its true and corre	by me/us and/or explantime to time. I/We could	IN : ained to/me/us/I/We have nfirm that lam/we are Inc	Phone : understood and a lian National/s and	greed to be bound resident/s of India.
I/We do agree that, the rate of Interest payable to the rules of the bank prevailing at the time of recopy of Passport / Latest Telephone / Electricit Letter from Employer (subject to the satisfaction	by the bank on m	y / our deposit for ove	r due period. It unrenew	on the due date	shall be subject to
2. Signature of Applicant 1	2. Sign	nature of Applicant 2	2. S	ignature of Applica	nt 3
Standing Instruction :	Quarterly Inter	rest : S.B. / C.A. / P	OD / A/c. No		
Fixed Deposit Pay Order / Oth Recurring Deposit Debit S.B. / C.A			— on Date/	/ every n	
Staff Declaration: I/We declare that the mentioned account in my/our name(s) be	e monies depo long to me / us	sited or which may	from time to time be o	deposited hereaft	re of Applicant/s er into above nature of Staff
In case of Minor : Name of Parent / Natural Guardian : Address of the guardian :		I hereby decla	IN A MINOR ACCOUNTE that the date of birth and I am his / he the court order dated said minor in all future	r natural quardia	of the minor whe
		above accour	said minor in all future it until the said minor a aim of the above mir n his / her account.	attains majority. I	indemnify the Ban
Introducer Details :		Address :		Signature of the	e Guardian
I certify that I have known Thiru. / and confirm his/her/their occupation and a	Tmt./ Selvi ddress stated in	Pin :	Phone ation to open the accordance	for the last	_ months / years is/her signature(s)
Operating Instructions for Joint SB / C to the contrary, to honour all cheques (1) account with you, whether such account (1)	current Account or other orders(2)	s: We request and drawn or Bills of E	authorise you, until any o exchange accepted or of of us jointly and / or sev	Signature of one of us shall give notes made on o erally and to debit	Introducer you notice in writing ur behalf signed by such cheques to our
notes payable to us. We shall be jointly ar and debit balance is caused including yo insolvency or withdrawal of any of us, th account with you and in that event the s	nd severally liable our commission, a survivor/s of us survivor/s will have	to you for any monie interest at the appro shall have full contro ve full powers to open	s owing to you from time priate rate and other ind if of any monies then an ate the account and / or	to time in case the cidental charges. In d thereafter standing to close the account	account is overdrawn in the event of death, ing to our credit in our int.
Due Date Notice : Please "send / "do o Tax Deduction at Source : Form No. 1 Pre closure : In the event of my / our sof term deposits/RD prevailing on the do For Current Accounts (Individuals or	not send due da 5G/15H for exer eeking pre-closu ate of my/our rec nly):	ate notice to my / our mption from TDS is re of term deposit/RE quest for such pre-clo	above address (*striked enclosed (for applicant s), I/We agree that the Basure.	out which is not ap seeking exemption ank shall apply the	plicable). from TDS). rules for pre-closure
(a) * At present I/We do not enjo facilities are availed by me/us v * At Present, I am/we are having Name of the Bank / Branch	y any credit fac with other Bank(s account with the	following other Bank	Branch. I/We undertal Bank. (s) / Branch(es) and enjunit Balance tioned Outstand	oying facilities.	as and when credit
	(* stri	ikeout which is not ap	plicable)		
Minimum Balance : I/We hereby undert the minimum balance as modified by the non-maintenance of minimum balance a ATM Card / Debit Card : Available at se	ake to maintain a e Bank from time nd if cheques ar	minimum balance of e to time. I/We also a e issued by me/us w Terms and conditions	Rsir igree that the Bank has ithout providing adequat	got every right to e funds.	also agree to maintair close the account fo concerned.
Senior Citizens (Completed 60 y Policy / Voter's Identity Card / F	ears of age):	2 Please provide chent Order / Birth	opy of Secondary So Certificate issued	thool Leaving C	ertificate / LIC ent authority /
Passport / any other refevant door NOMINATION (Nomination Form DA-1) the Banking Companies (Nomination) R I/We nominate the following person to account may be returned by the Bank. A	Nomination ulules, 1985 in r	nder Sec. 45ZA of respect of bank de	the Banking Regulat	ion Act, 1949 ar	nd rule 2(1) of
account may be returned by the Bank. A receive the amount of deposit in the adminority of the nominee. Name & Address of Nominee:	s nominee is m ecount on beh	ninor on this date, I alf of the nominee	We appoint Thiru / To in the event of my /	nt. / our minor's dea	ath during the
Nominee's Relationship with Depositor : - If nominee is minor, date of birth :			Age of Nominee : —	Years	anothia E
Nomination received and registered on : N	lo.	Date	<u>skrjed</u> e en vom Ve Hagensik føred e	Signature of I	ed Officer
1. Full Name and Address of the declarate	nt :	ors and set percent		uningo ir	tenny si N
Particulars of transactions: Armount of Transaction	Rs.				
Are you assessed to Tax HYes: (a) Details of Ward/Circle/Range who	Yes /	No.			13
the last return of Income Tax was (b) Reason for not having PAN / GIR 6. Details of document * being produced support of address in Col. 1	No.				
stated above is true to the best of my kno	wledge and bel	ief.		do hereby declare	that what is
Date : Signatur FOR PROOF OF IDEN	18 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	DRESS OF THE DI	POSITOR / ACCOUN	T HOLDER(S)	normali või
Passport copy Employee ID Card Driving licence (laminated card) with photograph Introducer's confirmation	✓ Gas ✓ Late	to Identity Card Connection Rece est Telephone Bill on Card		Voter's ID card Latest Electricit PAN card or Fo lieu of PAN car	rm 60 in
✓ Any other State / Central Go	ovt. Documer	TO A CONTRACTOR OF STREET	dress / Identity or I	Local Body / N	GO / MFI
		3			
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