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ಸ್ವರ್ಣ ಭಾರತಿ ಸಹಕಾರ
ಬ್ಯಾಂಕ್ ನಿಯಮಿತ
Swarna Bharathi Sahakara
Bank Niyamitha

3015, K. R. Road, Banashankari
2nd Stage, Bangalore - 560 070.

Account Opening Form

Branch

Date :

1 ACCOUNT CHOICE	ACCOUNTS	TERM DEPOSITS
	<input type="checkbox"/> Savings (with Cheque facility)	<input type="checkbox"/> Fixed
	<input type="checkbox"/> Savings (without Cheque facility)	<input type="checkbox"/> Cumulative / RD
	<input type="checkbox"/> Current	<input type="checkbox"/>
	<input type="checkbox"/> Any Other (Specify)	<input type="checkbox"/>

2 CONSTITUTIONS	<input type="checkbox"/> Individual	<input type="checkbox"/> Private Ltd. Co.
	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Public Ltd. Co.
	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Trust	<input type="checkbox"/> Co-op. Society
	<input type="checkbox"/> Any Other (Specify)	

3 DEPOSIT	TERM DEPOSIT AMOUNT Rs.
	In words
	Plan Period Years Months Days
	Rate of Interest %

4 MINORS	Applicants Date of Birth :
	Guardian's Name
	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father
	Any Other (Specify)

5 INTRODUCED BY	Name :
	Address
	<input type="checkbox"/> I / WE KNOW THE APPLICANT/S FOR THE LAST.....YEARS MONTHS AND RECOMMEND THEM TO YOUR BANK.
	City Pin Code
	SIGNATURE OF INTRODUCER

6 NAME	1. Mr. / Ms. / M/s.
	2. Mr. / Ms.
	3. Mr. / Ms.

7 ADDRESS	_____
	City Pin Code _____
	Phone : _____ Fax : _____ Mobile : _____

8 OPERATION	FOR INDIVIDUALS
	SINGLE / SEVERALLY / JOINTLY / EITHER OR SURVIVOR
	_____ (Any other Specify)
	FOR FIRMS / COMPANIES
	AS PER PARTNERSHIP DEED DATED _____ AS PER RESOLUTION DATED _____ AUTHORISED PARTNERS / DIRECTORS DESIGNATION
Age : _____ Occupation	

9 SPECIMEN SIGNATURE	1. _____
	2. _____
	3. _____

FOR BANK'S USE	Membership No. :
	Verified :
	Asst. Manager / Manager
Date :	
A/c. No.	

10 FOR TERM DEPOSIT

STANDING INSTRUCTIONS

- RENEW THE TERM DEPOSITS FOR IDENTICAL PERIODS ON MATURITY
- PAY PERIODICAL INTEREST ON THE DEPOSIT
 - Monthly
 - Quarterly
 - Half Yearly
 - Yearly

TO THE CREDIT OF
OR
BY POST, BY DEMAND DRAFT FAVOURING

Mr. / Ms. _____

For cumulative deposit

Debit my S. B. Account No. _____

for Credit my C. D. Account No. _____

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AUTHORISATION & DECLARATION

The Bank based on the application from the authorised Signatories mentioned under 'Operation' in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, can make payments / premature payments of the proceeds of the Deposit at the time of closure of the Account.

I / We request and authorise you to honor all cheques or other orders drawn by me / us of bills of Exchange or notes drawn by me / us and I / we request you to debit such cheques or other orders, bills of exchange and notes as also amounts of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I / we draw Cheques / with the Bank as the necessity arises. I / we undertake to repay the amounts overdrawn with interest immediately. The Bank is hereby authorised to charge interest on the amount overdrawn as per the rules of the Bank in force with without any advice to me / us.

I confirm that the A/c. above opened is operated for minimum period of 2 years, and I will maintain the minimum balance as stipulated by the Bank from time to time.

I / we confirm that the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by me / us and I / We agree to abide and be bound by the same. I / We also agree to abide and be bound by the same. I / We also agree to abide by the rules and regulations which may be modified from time to time.

I / We agree to abide by the Banks rules relating to Current / S. B. / C. D. Account proposed minimum balance of Rs. for Current / S. B. Accounts.

Signature of the Depositor / s

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NOMINATION FORM DA - 1

(To be filled in by the Depositor for this Facility)

I / We (Name & Address) _____

nominate the following person to whom in the event of My /Our / Minor's death, the amount of deposit, particulars thereof are given below, may be returned by the Swarna Bharathi Sahakara Bank Niyamitha.

(Name & address of Branch / Office in which deposit held)

Nature of Deposit	Name	Address	Relationship with Depositor if any	AGE	If nominee is Minor his / her Date of Birth

NOMINATION

As the Nominee is a minor on this date, I / We appoint

Sri / Smt. / Kumari _____

(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.

Place

Date

Signature (s) / Thumb Impression (s)
of Depositor (s)

Witness :
(Only for Thumb Impression (s))

1. _____

2. _____

Nomination Register Number and Date :

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