



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 <input type="checkbox"/> Savings (with Cheque facility) <input type="checkbox"/> Savings (without Cheque facility) <input type="checkbox"/> Current <input type="checkbox"/> Any Other (Specify)	TERM DEPOSITS <input type="checkbox"/> Fixed <input type="checkbox"/> Cumulative / RD <input type="checkbox"/>	6	NAME 1. Mr. / Ms. / M/s. 2. Mr. / Ms. 3. Mr. / Ms.
	2	CONSTITUTIONS <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Proprietary <input type="checkbox"/> Trust <input type="checkbox"/> Any Other (Specify)	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Co-op. Society		7
3		DEPOSIT	TERM DEPOSIT AMOUNT Rs. In words Plan Period Years Months Days Rate of Interest %	8	
	4	MINORS Applicants Date of Birth : Guardian's Name Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Any Other (Specify)	5		9
INTRODUCED BY		Name : _____ Address : _____ _____ City Pin Code SIGNATURE OF INTRODUCER		FOR BANK'S USE Membership No. : Verified : Asst. Manager / Manager	

10 FOR TERM DEPOSIT

- 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. _____

STANDING INSTRUCTIONS

11

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 or 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

AUTHORISATION & DECLARATION

12**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)

Witness : _____ of Depositor (s)

(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.