

**Karuvanthiruthy Service Co-operative Bank
Ltd., No. D. 2638**

H. O. Karuvanthiruthy
P.O. Feroke, Kozhikode - 673 631

Branch _____ Type of Account CA SB FD
 Date _____
 Customer ID _____
 A/c No. _____ To _____
 Name of Applicant _____
 Member No. _____
 Account Type Individual Joint Either or Survivor
 Constitution Individual Sole Proprietorship
 Partnership Pvt. Ltd. Co. Public Ltd. Co.
 Co-op. Society

1st ACCOUNT HOLDER

Name _____
 S/o-D/o-W/o. _____
 Address _____
 _____ PIN _____
 Landmark _____
 City _____ State _____
 Country _____ Phone _____
 Mobile _____ Fax _____
 e-mail _____

2nd ACCOUNT HOLDER

Name _____
 S/o-D/o-W/o. _____
 Address _____
 _____ PIN _____
 Landmark _____
 City _____ State _____
 Country _____ Phone _____
 Mobile _____ Fax _____
 e-mail _____

	Photo			
1		1. Name:	Specimen Signature	
			
2		2. Name:		
			

In the case of Institution - Account operated by:-

Name of the 1st Person

Designation

Phone Mobile

Name of the 2nd Person

Designation

Phone Mobile

Dear Sir,

Please open a current/Savings/ Fixed deposit Account in my name /Our names in the books of the Bank for credit of which I/We hand you Rs..... I/We agree to comply with and be bound by the Bank's rules for the time being in force for the conduct of such accounts.

The accounts will be operated byand in the event of the decease of any of us the balance at credit of the account will be payable to the survivor or survivors/nominee.

Be good enough furnish a Pass Book and a Cheque Book and note my/our signature as overleaf.

Be good enough to issue a Fixed Deposit Receipt in the multiple of Rs.....x.....for days/months at% per annum. Transfer Monthly/Quarterly interest to SB/CA Ac.No.....

I / We
[Name (s) and address (es)]

Nominee

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below to returned by KARUVANTHIRUTHY SERVICE CO-OPERATIVE BANK LTD.,

Nature	Distinguish No.	Additional details if any	Name & Address Nominee	Relationship with depositor, if any	If nominee is a minor his/her date of birth

As the nominee is a minor on this date, I/we appoint Shri. /Sri. / Km.

(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 :

Signature(s) / Thumb Impressions

Date :

of Depositor

Documents submitted for the address proof

Office Use only	Verified Of ficer
Documents Obtained	