



**PATHIYOOR FARMERS
SERVICE CO-OPERATIVE BANK**

LTD1282

SUPER GRADE

HO : PATHIYOOR : KEERIKAD. P.O., 690508

Application
for opening a
Savings Bank Account

Branch	<input type="checkbox"/>	KAYAMKULAM <input type="checkbox"/>
<input type="checkbox"/>	KAREELAKULANGARA <input type="checkbox"/>	KAKKANAD <input type="checkbox"/>
<input type="checkbox"/>	KOONAMKULANGARA <input type="checkbox"/>	KOTTUKULANGARA <input type="checkbox"/>

Name of Applicant id:

Address

Mob:No. Tel No.: email id.:

PAN: Aadhaar: DOB: Age Senior Y N

A/c type: Single E or S Joint Operation Type: Single E or S Joint

Operator Type E or S Joint Identity Doc:..... TDS Slab Code

Name of Joint Applicant id:

Address

Mob:No. Tel No.: email id.:

PAN: Adhar: DOB: Age Senior Y N

Sir

I / we request you to open a **Savings Bank Account** in my / our name in your Bank. I / we declare that I / We read and understood the Rules relating to the deposit concerned and I / we agree to abide by and to be bound by the Bank's Rules for the time being in force for such account. In case of Joint Accounts : We undertake to be jointly and severally liable to you for any amount for the time being to you on the account including your commission, interest and other charges if any. In the event of death, insolvency or withdrawal of any of us, the survivor/s shall have full control of any amount then and there after standing in the credit of our SB Account with you and in that event, the survivor/s will have full powers to operate the Account and / or to close the Account. Changing of any conditions or instructions can be done only upon the joint request from all the concerned account holders.

Introduced by :

Name, Signature & Account Number



affix
passport size
photo of
applicant

affix
passport size
photo of
joint applicant
1

affix
passport size
photo of
joint applicant
2

Nomination

I / We nominate the following person to whom, the amount of deposit and the interest accrued if any may be given in the event of my / our death. **Name** **Relationship**

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

to receive the amount of deposit and the interest accrued if any on behalf of the nominee in the event of my/our death.

Name & Signature of person who is entitled to act on behalf of the minor

Yours faithfully,

Date of birth of minor

Name of applicant

Name of Joint applicant

1 Specimen Signature of Applicant

1 Specimen Signature of Joint Applicant

2 Specimen Signature of Applicant

2 Specimen Signature of Joint Applicant

For Office Use

Date Account No.:

Clerk

Accountant

Br. Manager