

The Cheranallur Service Co-operative Bank Ltd. No. 62
BRANCH : Cheranallur, Chittoor - Ekm., Vaduthala, Edayakunnam

To

The Secretary/ Br. Manager
The Cheranallur Service Co-op: Bank Ltd. No. 62

Date.....

Dear Sirs,

I/ We request you to open a Savings bank a/c / Fixed Deposit a/c / Recurring Deposit a/c / current a/c for.....months / in my / our name(s).....
.....
in the book of your bank and I / we here with tender Rs.....(Rupees.....
.....only) for credit thereto to open this account.

I / We agree to comply with the bank’s rules for the time being for the conduct of such a/cs.

Please furnish me / us with a pass book and cheque forms relating to the a/c for my / our use.

Please note my / our signature as under I am also nominating.....
to receive the deposit after my death, under The banking Companies (Nomination) Rules 1985 and new Sections 45 ZA 45 ZF of the Banking Regulation Act, 1949.

Yours faithfully,

Special instructions if any?

Signature

Name.....

Name

- 1.....
- 2.....
- 3.....

SPECIMEN SIGNATURE

| | |
|--|--|
| | |
| | |
| | |

Name

Address & Signature of Introducer

Witness

1.
2.

Clerk

Secretary / Manager