



Durgapur Mahila Co-operative Bank Ltd.

SAVINGS BANK ACCOUNT OPENING CARD

Date :

Please open an account in my/ our name(s) with / without cheque facility I /We hereby declare that Savings Bank rules of the Bank have been read by me/ us/ to me/ us and that I /We accept them as binding upon me / us.

FULL NAME _____

(In Block Letters)

Father's / Husband's Name _____

Specimen Signature (s) _____

Address _____

Mode of operation (See overleaf for details)

Signature(s) Verified (For office use only)

Branch Manager / Accountant

Officer-in-Charge

Account No.

Folio No. A/c. No.

Occupation Tel. No.....

SPECIAL INSTRUCTIONS (For Joint Account only) Caste

The Account is to be operated upon by :

1. Either or Survivor
2. Jointly or Survivor
3. Former or Survivor
4. Later or Survivor
5. Nominee (s).....

I/We declared and agree that the Bank can overrule any objection/s raised later on regarding operation of the account if the objection is not jointly signed by all of us. We further declare that the Bank will be discharged from liability by paying the Balance to the Survivor(s) I/We further agree to abide by RBI directives on Interest Rates on Deposit and allied matters.

Specimen Signature (s)

PLEASE OPEN

Introduced by

SB/Current A/c. No. etc.

Tel No.

Zonal Manager / Branch Manager

Officer-in-charge