



P. E. 1, THE ERODE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,
Head Office / Branch.

SB / CA / FD / RD ACCOUNT OPENING APPLICATION FORM

A Class M. No.	Customer ID																		
Associate M. No.	Account No.																		
Nomination No.																			

Name of the Depositor :

Date :

I / We request the Bank to open an account as per details below :

Savings Account <input type="checkbox"/>	Term Deposits <input type="checkbox"/>							
Current Account <input type="checkbox"/>		Nature of Deposit	Amount Rs.	Period	Int. Payable	Rate of Int.	Maturity Value Rs.	Maturity Date
		Fixed Deposit						
With Cheque Facility <input type="checkbox"/>		Cash Certificate						
		F.D. Tax Saving						
Without Cheque Facility <input type="checkbox"/>		C.C. Tax Saving						
		Recurring Deposit						
Operational Instruction	Single	Jointly	E or S	F or S	Others			

Standing Instruction :

Fixed Deposit	Credit Monthly/Quarterly Interest: S.B./C.A./POD/A/c.No.
	Pay Order / Other Branch :
Recurring Deposit	Debit S.B. / C.A. / POD / A/c. No. : on Date / / every month.

Auto Renewal : (Strikeout if not applicable) This Fixed deposit may be renewed for the same term /period from the date of maturity. If there is any change, it will be informed by me before the date of maturity

Signature of Applicant/s

Staff Declaration : I / We declare that the monies deposited or which may from time to time be deposited here after into above mentioned account in my/our names(s) belong to me / us.

Signature of Applicant/s

In case of Minor :

Name of Parent/Natural Guardian :

Address of the guardian :

DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN:
I hereby declare that the date of birth...../...../.....of the minor who is my.....and I am his / her natural guardian / lawful guardian appointed by the court order dated.....(copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Signature of guardian

Introducer Details :

Introducer's A/c. No. :

Since :

Name : Address :

Pin : Phone No.

I certify that I have known Thiru. / Tmt. / Selvi for the last months / years and confirm his/her/their occupation and address stated in his/her/their application to open the account. I also attest his /her signature(s)

Signature of Introducer.