

* **Operating Instruction for Joint SB / Current Accounts :** We request and authorise you, until anyone of us shall give you notice in writing to the contrary, to honour all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by (1) (2) of us jointly and / or severally and to debit such cheques to our account with you, whether such account be for the time being credit or overdrawn. We also request you to accept the endorsement by (1) (2) of us jointly and / or severally on cheques, orders bills or notes payable to us. We shall be jointly and severally liable to you for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our account with you and in that even the survivor/s will have full powers to operate the account and / or to close the account.

* **Due Date Notice:** Please *send/ *do not send due date notice to my / our above address (*strikeout which is not applicable)

* **Tax deduction at Source :** Form No. 15G/15H for exemption from TDS is enclosed (for applicant seeking exemption from TDS)

* **Preclosure :** In the event of my/our seeking pre-closure of Term Deposits / RD, I/We agree that the Bank shall apply the rules for pre-closure of term Deposits / RD prevailing on the date of my/our request for such pre-closure.

* **For Current Accounts (Individuals only) :**

(a) * At present I/We do not enjoy any credit facility with any Banks/Branch. I/We undertake to inform you as when credit facilities are availed by me/us with other Bank(s) Branch(es) of your Bank.

* At Present, I am / we are having account with the following other Bank(s) Branch(es) and enjoying facilities.

Name of the Bank/ Branch	Name of Facility	Limit Sanctioned	Balance Outstanding	Securities

(* Strikeout which is not applicable)

* **Minimum Balance:** I/We hereby undertake to maintain a minimum balance of Rs.....in the account and also agree to maintain the minimum balance as modified by the Bank from time to time. I/We also agree that the Bank has got every right to close the account for non-maintenance of minimum balance and if cheques are issued by me/us without providing adequate funds.

* **ATM Card/Debit Card :** Available at select Branches - Terms and conditions can be obtained from Branch Managers concerned.

* **Senior Citizens (Completed 60 years of age) :** Please provide copy of Secondary School Leaving Certificate / LIC Policy/ Voter's Identity Card / Pension Payment Order / Birth Certificate issued by the competent authority / Passport / any other relevant document providing proof for age.

FORM No. 60

1. Full Name of the declarant :			
2. Particulars of transactions :			
3. Amount of Transaction	Rs.	Rs.	Rs.
4. Are you assessed to Tax	Yes / No.	Yes / No.	Yes / No.
5. If yes :			
(a) Details of Ward/Circle/Range where the last return of Income Tax was filed?			
(b) Reason for not having PAN/GIR No.			
6. Details of document *being produced in support of address.			

I/We.....do hereby declared that what is stated above is true to the best of my knowledge and belief.

Verified today, the..... day of.....

Date :			
Place :	Signature(s)		

Associate Membership :

I request you to please admit me as associate membership

Signature of Applicant.

Authorised Officer.