

SAVINGS BANK DEPOSIT ACCOUNT APPLICATION

Place.....

Date.....

From

Mr./Mrs./ Messers

Name in Full
(IN BLOCK LETTERS)
(and short name with
initials) and
complete Address

Kumari/Smt./ Sri.....

Occupation and
Temporary Address
if any

Thazhekad Service Co-operative Bank Ltd. No. R.167.

Dear Sir,

Please open a **SAVINGS BANK ACCOUNT** in my/ our name and send me/ usa Pass book and a Cheque Book. A sum of Rs.....is here with send in cash towards initial deposit. I/ We have read the rules in respect of the account and I/we hereby under take to abide by them and by their amendments.

The account will be operated upon byand the changes to this mode and manner of operation will made only on your acceptance. I/we hereby certify that I we do not have any other Saving Bank account in your Bank.

Introduced by

Full Signature.....

Name.....

Address.....

Full Signature of the depositor
with Designation and Seal
wherever necessary

SPECIMEN SIGNATURE

1.....

2.....

(FOR OFFICE USE ONLY)

Application accepted. Please open account and issue cheque Book and Pass Book under acknowledgment.

Date.....

Sanctioned
By

A/c opened

Secretary

A/c No.....

Folio No.....

File No.....

No. of cheques.....

Application Recorded

Section Clerk

Checked By.

Secretary