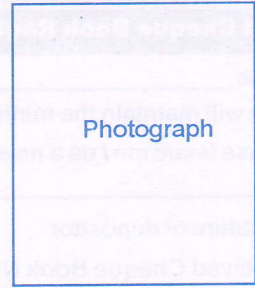




Janata Urban Co - Op. Bank Ltd., Wai.

॥ श्रम एव जयते ॥

Head Office : 2408, B, Songirwadi, Wai. Tal. Wai, Dist. Satara .



Photograph

Savings A/c Opening Form

A/c Opening Date :

Cust. ID

Phone No. (R) _____ (O) _____

A/c. No.

Mobile No. _____

PAN No.

Name (s) and Address / es of Depositor(s) in Full :

Name

Address

Signature

Account Operated by : Single Either or Survivor Jointly Other _____

Date of Birth

Occupation _____

Declaration : I / we wish to open a new saving A/c. with your bank. I / we have read and understood the rules of the bank's SB A/c. scheme . I hereby agree to abide with these rules and also the rules being amended from time to time of the saving scheme. I / we request to open my new SB A/c. and handover to you a remittance of Rs. _____ for the same

(Rupees _____)

1 **Introducer :** Name of the Introducer : _____

A/c. No. Cust ID Signature : _____

Account to be linked : Primary account should be from Savings or Current Account

Primary A/c. A/c. no.

Secondary account can be from Savings / Current / overdraft / Loan A/c.

Secondary A/c. 1 A/c. no.

Secondary A/c. 2 A/c. no.

RISK PROFILE	
LOW	
MEDIUM	
HIGH	

~◆ For Branch ◆~

Following Documents are verified

- 1) Passport / Driving licence / Voters Card / PAN Card
- 2) Ration Card / Telephone Bill / Electricity Bill
- 3) Other _____

Allowed to open Account Manager / Passing Officer _____

Information Entered By _____

Information Verified By _____

Please fill up the details of nomination and chequebook Requisition overleaf

First Cheque Book Request : (Minimum Balance Required Rs. _____ For Cheque Book)

I / We _____ have opened a new Savings Account.

I/We will maintain the minimum balance in my / our account as prescribed for cheque book facility.

Please issue me / us a new cheque book for my / our account operation.

1. _____ 2. _____ 3. _____

signature of depositor

Received Cheque Book No. _____ to _____

1. _____ 2. _____ 3. _____

signature of depositor

Nomination Form - DA - 1

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co - operative Banks (Nomination) Rules, 1985 in respect of bank deposits.

I / we [Name (s) & Address (es)]

nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit / (s), particulars where of are given below, may be returned by the Janata UrbanCo.- Op.Bank Ltd., Wai.

Branch : _____

Savings Deposit

Nature of Account	Distinguishing No.	Additional details, if any

Nominee

Name	Address	Relationship with Depositor, if any	Age	* If nominee is a minor, His / Her date of birth

* As the nominee is a minor on this date, I / we appoint Shri./ Smt. / Kum. (Name, address & age)

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Signature(s) / Thumb Impression (s) of Depositor (s)

Name(s), Signature(s) and Address (es) of Witness (es) [Thumb impression(s) shall be attested by two witnesses.]

1 Signature : _____ Place : _____ Date : _____

Name & address :

2 Signature : _____ Place : _____ Date : _____

Name & address :

* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

* Strike out if the nominee is not a minor