



**5. CUSTOMER CATEGORY :**

- INDIVIDUAL                       SOLE PROPRIETORSHIP                       PARTNERSHIP  
 PRIVATE/PUBLIC LTD.     STATUTORY BODY                       HUF                       TRUST / ASSO. / SOC. / CLUBS  
 OTHERS: Please specify

**6. IN CASE OF MINOR'S ACCOUNT :**

Name of Parent / Natural Guardian : \_\_\_\_\_

I hereby declare that the date of birth of the above mentioned minor who is my \_\_\_\_\_ and I am his / her natural and lawful guardian / guardian appointed by 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 undertake to indemnify The A.P. Mahesh Co-op. Urban Bank Ltd. against the claim of the above minor for any transactions made by me in his / her account.

Signature of Guardian

ADDRESS WITH TELE / FAX / MOBILE NOS. ETC. OF INDIVIDUALS / PROPRIETOR / PARTNERS / DIRECTORS	
PLACE OF WORK	RESIDENCE
<b>A</b>           Phone No. Fax No.	           Phone No. Mobile No.
<b>B</b>           Phone No. Fax No.	           Phone No. Mobile No.
<b>C</b>           Phone No. Fax No.	           Phone No. Mobile No.
<b>D</b>           Phone No. Fax No.	           Phone No. Mobile No.

FOREIGN ADDRESS:

PIN :

Passport No.: \_\_\_\_\_ Expiry Date of Passport: \_\_\_\_\_

E-mail Id: \_\_\_\_\_

8. Address / Photo Identity verification document details :

1.	Passport	[ ]	7	Credit Card Statement (latest)	[ ]
2.	Election ID Card	[ ]	8	Ration Card	[ ]
3.	PAN Card	[ ]	9	Income/Wealth tax assessment order (latest)	[ ]
4.	Govt. Defence ID Card	[ ]	10	Electricity Bill	[ ]
5.	ID Cards of reputed employers	[ ]	11	Telephone Bill	[ ]
6.	Driving Licence	[ ]	12	Others, Please specify	

9. INTRODUCED BY : Account Holder / Staff / Known Person

If introducer is account holder, please furnish following details :

Account type \_\_\_\_\_ Number \_\_\_\_\_ Branch \_\_\_\_\_

INTRODUCER'S FULL NAME : \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PIN \_\_\_\_\_

Emp. No. \_\_\_\_\_ (In case introduced by Staff)

"I certify that I have known Mr / Mrs / Miss \_\_\_\_\_ for the last \_\_\_\_\_

Months / years and confirm his / her / their occupation and address stated in his / her / their application to open the account.

\_\_\_\_\_  
(Signature of Introducer)

\_\_\_\_\_  
(Verifying Officer)

10. MODE OF OPERATION :

11. MULTICITY CHEQUE BOOK: REQUIRED [ ] NOT REQUIRED [ ]

12. DECLARATION :

I / We agree to comply with the rules of the Bank in force from time to time governing the conduct of the account and agree to be bound by them. I / We also understand and agree that the "Bank reserves its rights to take steps to get the account closed, if frequent return of Cheques for want of funds is observed".

Date :

Applicant's Signature

- 1.
- 2.
- 3.
- 4.

**13. NOMINATION :**

**Nominee Information**

Name	Age	Sex	Relation	If nominee is a minor, his/her date of birth	Address

As the nominee is a minor on this date, I / We appoint,

Shri / Smt / Kum. \_\_\_\_\_

(Name and Address)

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.

Place :

Date : Signature(s) / Thumb Impression(s) of Depositors(s)

**14. AUTHORISED SIGNATORIES DETAIL :**

Cust No.	Name of the Authorized Signatory/s	Signature/s

Special Instructions, if any : \_\_\_\_\_

Relationship Officer (Staff who marketed the customer) : \_\_\_\_\_

(Please (✓) wherever applicable)

## **DECLARATION**

### **SOLE PROPRIETORSHIP ACCOUNT**

I, the undersigned, sole proprietor of the firm responsible for the liabilities thereof shall advise you in writing of any change that may take place in the constitution of the firm and that I will be liable to you on obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations, shall have been liquidated.

### **PARTNERSHIP FIRM**

I / We, the undersigned, are the only partners in the firm and are jointly and severally responsible for the liabilities thereof. We shall give you in writing of any change that may take place in the partnership and all the present partners will be liable to you on any obligations which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated.

### **AUTHORIZATION FOR COLLECTION AND NEGOTIATION OF DD'S, CHEQUES, BILLS ETC.**

I / We may have occasion from time to time to submit to you for collection or negotiation Cheques, Drafts or Bills of Exchange (with or without documents attached) and I / We hereby agree to your forwarding the same to your agents for the time being for collection or negotiation. In the event of your having no independent Collecting Agent at any centre, I / We hereby authorize you to send cheques by mail directly to the drawee bank itself.

In addition to your ordinary right as holders of such Cheques, Drafts or Bills of Exchange, you are authorized to accept in payment thereof a banker's cheque/cheques on Hyderabad or other cities and in the event of such cheques not being paid on presentation, to debit the amount to my/our account with all charges incurred thereon.

It is understood that these transactions are in all respects at my / our entire risk and responsibility.

### **NOMINATION**

Nomination under section 45ZA of the Banking Regulation Act, 1949 and rule 2(10) of the Banking Companies (Nomination) rules 1985 in respect of bank deposits.

I / We nominate the person specified in Sl.No.13 to whom, in the event of MY / OUR / MINOR'S death, the amount of Deposit in the account, may be returned by the Bank.

I/We do not want nomination facility.

### **EITHER OR SURVIVOR / FORMER OR SURVIVOR / ANYONE OR SURVIVOR DECLARATION**

We, the undersigned, having opened a SB / CA / TD / RD account with you, hereby agree that, during the currency of the said account either/any one of us shall have full control of the moneys standing to the credit of our account and also declare that either/any one of us will operate the account and that such operation shall not in any way prejudice the interest of the Bank.

### **FILL IN FOR NRE / NRO ACCOUNT**

I / We request you to open a Non-Resident (external) / NRO account of the following nature & style with you, in my / our above names subject to the rules governing such accounts. If we also declare that we have read the relative rules of your bank and confirm that we shall abide by the same.

We also undertake to give you notice within the prescribed time, after I / We cease to enjoy Non-Resident Indian status.

### **DECLARATION FOR TERM DEPOSITS**

Please do not send renewal notice or Recurring Deposit Installment due notice to me.

Date :

Applicant's Signature(s)

### **HUF DECLARATION**

As our HUF firm wishes to open account with your Bank in the name of M/s. \_\_\_\_\_ we declare that the first signatory to this letter i.e. Shri \_\_\_\_\_ is the karta of the joint family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit on the entire body of co-parceners of the joint family. We all undertake that the claims due to the Bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got registered our firm under the said Act.

We hereby undertake to inform the Bank of the birth or death of co-parcener/s of or any change occurring at any time in the membership of our joint family during the currency of the account.

We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by us under the above account title. We agree that all the information disclosed above are correct and agree to inform you of any change in the information provided in this form or in related documents.

Name of Karta : \_\_\_\_\_ Signature : \_\_\_\_\_

Name and signature of adult co-parceners

Name & date of birth of minor co-parceners

1. \_\_\_\_\_ S/d \_\_\_\_\_  
2. \_\_\_\_\_ S/d \_\_\_\_\_  
3. \_\_\_\_\_ S/d \_\_\_\_\_  
4. \_\_\_\_\_ S/d \_\_\_\_\_

1. \_\_\_\_\_ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
2. \_\_\_\_\_ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
3. \_\_\_\_\_ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
4. \_\_\_\_\_ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, ATM / Debit Card, Doorstep Banking, Net Banking and Mobile Banking. We accept and agree to comply with the terms & conditions or any rules of the bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same.

**DECLARATION FOR CURRENT ACCOUNT**

Name of the Account Holder/s :  
Authorized Signatory :  
Name of the Firm :

\*I/ We jointly or severally declare that we are not having any Loan / Credit facility outstanding with any other Commercial / Private / Co-operative Bank(s) :

\*I/ We am / are having a Loan Account / Overdraft Facility to the extent of Rs. \_\_\_\_\_ in the following bank.

Name of the Bank and Branch :  
Nature of Loan / Credit facility :  
Amount of Limit :  
Amount outstanding as on date :

In this regard, we enclose a No Objection Certificate issued by \_\_\_\_\_ Bank \_\_\_\_\_ Branch

\*I / We am / are member (s) of the Co-operative Society / Bank and the details thereof are as under :

Name of the Society / Bank :  
Branch :  
Membership No. :  
No. of Shares held:

Amount of Shares:

Place :

Date :

Applicant's Signature(s)

(FORM 60, 61 to be filled by those who do not have PAN)

**FORM 60**

Are you a Tax Assessee  Yes  No

If Yes details of Ward / Circle / Range where the last return of income was filed \_\_\_\_\_

Reason for not having PAN No. \_\_\_\_\_

**FORM 61 To be filled by a person who has only agricultural income and no other income chargeable to Income Tax**

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income, if any.

**Verification :**

I \_\_\_\_\_ do hereby declare that what is stated above true to the best of my knowledge and belief.

Verified at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20

**Date :**

**Place :**

**Signature of the Declarant**

**SPECIMEN SIGNATURE**

1. Name :  
Customer No.

2. Name :  
Customer No.

3. Name :  
Customer No.

4. Name :  
Customer No.

**Signature Verified : Officer / Manager**

**For Office use only**

- 1. Permitted to open the Account
- 2. Account Opened and entered in the System

Entered by

Officer

Branch Manager



## Letter of Mandate for Flexi Deposit

To

The Branch Manager,  
The A.P. Mahesh Co-op Urban Bank Ltd.

\_\_\_\_\_ Branch.

Dear Sir,

Ref.: My / Our Savings Bank Account No.

\* \* \*

I / We request and authorize you to extend Flexi Deposit facility to my / our above Savings Bank Account with you.

I / We furnish the following details for you record :

Name	DOB	PAN No.
1.		
2.		
3.		
4.		

Permanent Address :

Mailing Address :

Telephone No.: (R) \_\_\_\_\_ (O) \_\_\_\_\_

Period of Deposit [ ] Years [ ] Months [ ] Days

Mode of Interest Payments :

I / We declare that the information given above is correct. I / We have read and understood the terms and conditions governing the facility / facilities sought above. I / We agree to comply with the same and the changes that may be made therein from time to time.

Date :

Place :

Signature of the Account Holder(s)

## Terms and Conditions

1. All rules and regulations relating to term deposits including premature withdrawals will be applicable to Flexi Deposits. Normal rules relating to SB Account will also apply.
2. Period of Flexi Deposits will be minimum \_\_\_\_ days and maximum \_\_\_\_ months. The customer may change the option (only once in a quarter) by giving a separate request, which will be applicable for future deposits only.
3. At the time of maturity, in the absence of any fresh mandate, the deposit will be renewed at the prevalent rate of interest for the same period.
4. The Depositor(s) will abide by the normal provisions of the Income Tax Act for the above scheme.
5. The minimum balance requirements will be Rs.\_\_\_\_\_. If the the balance falls below the prescribed minimum, service charges as prescribed by the bank from time to time would be levied.
6. Auto Sweep Rules : Any amount beyond a minimum of Rs.\_\_\_\_\_ required to be maintained in Savings Bank Account and a buffer balance of Rs.\_\_\_\_\_ for making regular payments will be automatically transferred to Flexi Deposit in units of Rs.\_\_\_\_\_ and invest it for the period specified by the customer. The rate of interest for the flexi deposit shall be the one applicable on the date of transfer from Savings Account to the Flexi Deposit account.
7. The minimum quarterly average balance will have to be maintained by the depositor. In case of a cheque for a Savings Bank Account is presented to the bank and the amount exceeds the available amount, it would be deemed that the depositor required premature withdrawal facility. Minimum units will continue to earn interest at the contracted rate. For order of breaking deposits the system of Last in First Out (LIFO) will be observed. In case the amount of last deposit is not sufficient, the previous deposit would be broken and so on.
8. Deposit receipt or Pass Book, will not be issued to Flexi Deposit. Indeed, the depositor(s) will be given a Statement of Account at quarterly intervals.
9. The interest / maturity proceeds will be credited to the linked savings account or renewed automatically as per the instructions.
10. In case any balance is due to the bank on account of premature closure of Flexi deposit account, the depositor is liable to reimburse such shortfall immediately.
11. Nomination facility will be available. Only same person can be nominated for both savings and flexi deposits.
12. Loan against deposit is not available for this scheme. However, bank can exercise its right to set off and in such case the deposit shall be automatically strand outside the scheme till the liability (direct / indirect liability) to the Bank stands discharge in full.
13. Balance under Flexi Deposit account will be considered while executing standing instructions.
14. If the quarterly average minimum balance is not maintained continuously for 2 quarters, the facility will be withdrawn by the Bank.
15. Both the Savings and Flexi Deposit accounts under the scheme shall have to be maintained at the same branch.
16. Bank reserves the right of closing an account if it is not operated upon satisfactorily or for any other reason.