



# PADMAVATHI COOP URBAN BANK LIMITED

SUBASH ROAD, SECUNDERABAD

## APPLICATION FOR OPENING SAVINGS BANK/CURRENT ACCOUNT :

ACCOUNT NO. \_\_\_\_\_

Please open Savings Bank / Current Account as per the particulars mentioned hereunder:

Constitution: Individual / Firms / HUF / Societies / Trusts / Pvt. Ltd. Co. / Public Ltd. Co. / Others

### **INDIVIDUALS:**

Name(s) of the Applicant(s) in full and in capital letters:

1. Sole / First Applicant: \_\_\_\_\_

Date of Birth (DD-MM-YY) 

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Customer ID \_\_\_\_\_

PAN No. (If available) (Enclose copy of PAN) 

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If PAN is not available: Form 60 / Form 61 (To be enclosed in duplicate)

2. Second Applicant: \_\_\_\_\_

Date of Birth (DD-MM-YY) 

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Customer ID \_\_\_\_\_

PAN No. (If available) (Enclose copy of PAN) 

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If PAN is not available: Form 60/Form 61 (To be enclosed in duplicate)

3. Third Applicant \_\_\_\_\_

Date of Birth (DD-MM-YY) 

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Customer ID \_\_\_\_\_

PAN No. (If available) (Enclose copy of PAN) 

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If PAN is not available: Form 60/Form 61 (To be enclosed in duplicate)

**Mode of operation:** Singly / Either or Survivor / Former or Survivor / Latter or survivor / Any one or survivor / Jointly / Any Other combination

In case of minor's account, Name of the Guardian \_\_\_\_\_, Relationship \_\_\_\_\_

Customer ID \_\_\_\_\_

If operation is by others: Name: \_\_\_\_\_ Customer ID \_\_\_\_\_

Mandate holder / GPA Holder

### **OTHERS:**

#### **For Partnership firms:**

Name of the Firm : \_\_\_\_\_

(Enclose Copy of Partnership Deed)

Names of the Partners:

1. \_\_\_\_\_ Customer ID: \_\_\_\_\_ 5. \_\_\_\_\_ Customer ID

2. \_\_\_\_\_ Customer ID: \_\_\_\_\_ 6. \_\_\_\_\_ Customer ID

3. \_\_\_\_\_ Customer ID: \_\_\_\_\_ 7. \_\_\_\_\_ Customer ID

4. \_\_\_\_\_ Customer ID \_\_\_\_\_ 8. \_\_\_\_\_ Customer ID

#### **Names of the Partners authorized to sign:**

1. Name \_\_\_\_\_ Customer ID \_\_\_\_\_ 2. \_\_\_\_\_ Customer ID

3. Name \_\_\_\_\_ Customer ID \_\_\_\_\_ 4. \_\_\_\_\_ Customer ID

**For Proprietary Concerns:**

Name of the Account: \_\_\_\_\_

Name of the Proprietor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Clubs / Associations / Trusts / Societies:**

Names of the members authorized to sign:

1. \_\_\_\_\_ Customer ID

2. \_\_\_\_\_ Customer ID

3. \_\_\_\_\_ Customer ID

4. \_\_\_\_\_ Customer ID

I hereby declare that I am the Proprietor of M/s \_\_\_\_\_

I / We also declare that I/we am/are not enjoying any credit facility with any other Bank.

Address for communication: \_\_\_\_\_

\_\_\_\_\_ Mobile number: \_\_\_\_\_

Nomination facility: Required / Not required (If required submit the relative nomination form enclosed)

As per the bank's cheque collection policy no fresh cheque book would be issued if cheques (irrespective of the amount) are dishonored on 6 occasions during a financial year for want of sufficient funds in the account.

I/We hereby declare that the information given above is true and correct to the best of my/our knowledge. I/We further declare that I/We accept the terms and conditions of the deposit scheme, which are provided to me/us. I/We agree the terms and conditions may be modified by the bank from time to time, which will be binding on me/us for conduct of the account.

Place: \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Date: \_\_\_\_\_

Specimen Signatures(s) / Thumb Impression(s) of persons authorized to operate the account.

Sl.No.	Customer ID	Name of the applicant / Guardian / Authorised Signatory	Specimen signature/Thumb Impression
1			
2			
3			

Application is filled in completely and verified. Signature and thumb impressions are obtained in my presence. The copies of KYC documents submitted have been verified with the originals. Recommended to accept the application for opening the account. Account may be categorized as **LOW / MEDIUM / HIGH RISK**.

THRESHHOLD LIMIT TO BE FIXED AS RS. \_\_\_\_\_

\_\_\_\_\_  
Signature of verifying officer**KYC Documents submitted:**

Aadhar Card / Driving Licence / Voter Card / Telephone Bill / Electricity Bill / PAN Card / Passport / ID card issued by Govt. Departments / Address Proof issued by Postal Department / ID Card issued by reputed companies / any other proof.

**Decision of the Chief Executive Officer / Manager**

Permitted to open the \_\_\_\_\_ account. New customer/s is identified as per KYC-AML guidelines.

**ACCOUNT IS CATEGORISED AS LOW / MEDIUM / HIGH RISK**

**THRESHOLD LIMIT FIXED: RS.** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Manager** \_\_\_\_\_ **Chief Executive Officer**  
Name of the Introducer: \_\_\_\_\_  
(In full and CAPITAL letters):  
Customer ID: \_\_\_\_\_ A/c No.: \_\_\_\_\_  
Account is maintained since: \_\_\_\_\_ months / years. Relationship, if any, with the customer

**Declaration of the Introducer:**

I know the above named Smt. / Sri \_\_\_\_\_  
Since \_\_\_\_\_ months / years. I confirm that his / her occupation and address as stated in the Personal Data Form are correct. I also confirm and attest his / her signature / Thumb Impression and his / her Photograph.

\_\_\_\_\_  
Signature of the Introducer

**NOMINATION FORM**

For Account No. \_\_\_\_\_

I nominate the following person to whom, in the event of my / minor's death, the amount of Deposit be returned

Name and address of the Nominee (Name in Full & in CAPITAL letters & Full Address)	Age (years)	Relationship with the depositor(s) if any	Date of birth of the nominee (if he is a minor)

As the nominee is minor on this date, I appoint the following person to receive the deposit amount on behalf of the nominee in the event of my / minor's death during the minority of the nominee.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ years

Address: \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

Signature of the applicant(s)

## **PERSONAL DATA FORM**

<b>PARTICULARS</b>	<b>Applicant No.1/ Proprietor/Partner No.1</b>	<b>Applicant No.2/ Partner No.2</b>	<b>Applicant No.3/ Partner No.3</b>
Name in full			
Father / Husband's Name			
Date of Birth / Age			
Address: Residence:			
Business / Communication Address			
Religion & Blood Group			
Qualification			
Marital Status			
Aadhar Card No.			
PAN No.			
Driving Licence No.			
Telephone No. / Mobile No.			
Occupation			
Designation			
Name of the employer / Business Establishment			
Monthly Salary/Annual Income			
Expected Annual Credits into the A/c			
Whether owns house/flat/commercial Property? If so, particulars thereof			
Details of a/cs with other banks			
No. of children			
Sons			
Daughters			

**Signature**

**Signature**

**Signature**