

THE CO-OPERATIVE CITY BANK LTD.

H. O. : U. N. Bezbaruah Road,
Guwahati - 781 003

2 COPIES
PHOTO

To,
The Branch Manager
The Co-operative City Bank Ltd.
_____ Branch
Guwahati

A/C No. _____

Date _____

Dear Sir,

Please open a Savings Bank Account in my/ our name in the Books of the Bank for Credit of which I/ We deposit Rs. _____ (Rupees _____)
Be good enough to furnish a pass book and note my/ our signatures as under.

Yours faithfully

Signature (s)

1. Name (s) of A/c in full _____
(Block Letters)
2. Occupation _____
3. Father's/ Husband's Name _____
4. Address in full _____
_____ Ph. No. _____
5. Nationality _____
6. Special Instruction if any _____

7. Income Tax PAN No. _____

Signature (s)

INTRODUCTION

I/ We _____
hereby introduce Mr./ Miss./ Mrs. _____
Son/ daughter/ wife of _____
who is/ are personally known to me/ us for past _____ years and confirm correctness of the occupation and address as declared by the depositor in his/ her/ their above Savings Bank account opening application form.

Sig. verified

Sig. of the introducer

Address _____

Nature of A/c _____ No. _____

Signature (s) verified and accepted.

Officer/ Br. Manager

Note : Please enclosed address proof (paper) documents.

Declaration
(For Minor's Account)

I declare that Sri _____
was born on _____ and that Savings Bank rules have been read to/ by me and I
accept them as binding upon me.

Date _____

(Signature of guardian)

Declaration
(For Individual Account)

I declare that the Co-operative City Bank Savings Bank rules have been read to/ by me and that I accept
them as binding upon me.

Date _____

(Signature)

Declaration
(For Joint Account)

We, the undersigned, have opened a joint account with an initial deposit of Rs. _____
in our joint names and it shall be maintained, may be with further deposits and/ or withdrawals from time to time. In
the event of the death, insolvency or withdrawal of any of us, the survivor/ survivors of us shall have full control of
any money than and thereafter standing to our credit and shall belong to the survivor/ survivors and no other heir/
heirs or legal representative/ representatives of the deceased shall be entitled to claim any right in the said account
adverse to the interest of the survivor/ survivors. The money, as it may stand to the credit in the account from time
to time belongs to us jointly and no other person/ persons has/ have any interest whatsoever therein.

Further we declare that the Co-operative City Bank Savings Bank rules have been read by/ to us and that we
accept them as binding upon us.

Date _____

(Signatures)

