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Mandate for allowing Loan or Premature Discount of Deposit         The Bank may, on receipt of a written application from Shri/Smith	The Citiz	ens Urban Co-op. Bank	Ltd. H.O Jalanad	har				P	Account (	Opening	Form for	individuals
New hereby autorize you to transfer amount in excess of Rs				ACCOUNT	NUMBER			Т				Т
Be 1000 and transferring the required amount into the said Account.      Bark:      Bequare of Depositor(s)      Beginature of Depositor(s)      Sequature of Depositor(s)			ount in excess	of Rs								
					ive is met a	ny time	by prem	aturely l	breakin	g the fi	xed dep	osit in
two decare that the moneys deposited or which may from time to time be deposited into the above mentioned account standing in my/our names, belongs to me/us.  Det      The Bank may, on receipt of a written application from Shri/Smithannesses application application and subject to be sub-the application and subject to be sub-the formation application and subject to sub-the proceeds of the deposit with sub-the sense in the structure application application and subject to be sub-the application and subject to sub-the proceeds of the deposit with sub-the Same CTIV/TOWN  Dete Conference application appl	Date :								Sigr	nature of	f Deposito	r(s)
belongs to me/us												
Mandate for allowing Loan or Premature Discount of Deposit         The Bank may, on receipt of a written application from Shrifsmit.         mane/second mane to of us or Elithe or survivor of us/Anyone or Survivor(s) of us in its absolute discretion and subject to subject to be isomethic the security of the ferm Opposite the source of the proceeds of the deposit with sub-interest as pensitish under Runnesshond mane these to the form of the isticative first indeposite with sub-interest as pensitish under Runnesshond mane these to the form of the isticative first indeposite with sub-interest as pensitish under Runnesshond mane runn			ch may from time to	o time be de	posited int	to the ab	ove me	ntioned	accour	nt stand	ding in m	ny/our
The Bank may, on receipt of a writen application from ShrilSmt	Date :								3	Signatur	e of Depo	sitor(s)
OTHER ACCOUNTS WITH US/OTHER BANKS IN THE SAME CITY/TOWN      Apploant's Name     Particulars of other A/c with other Branch®ianches of our Bank     Particulars of A/c with other Banks in this City/Town     Branch Name     A/c. Type     A/c. No     Bank & Branch     Bank     Bank & and Current     Accounts     Bank     Bank & and Current     A/c. Type     A/c. No     Bank     Bank & Branch     Bank     Bank & Branch     Bank     Bank & Branch     Bank     Bank & Branch     Bank     Bank     Bank & Branch     Bank     Bank     Bank     Bank & Branch     Bank	name/second name e Conditions as the Ban on(B) Make premature	ceipt of a written applicat to of us or Either or survi (may stipulate (A) Grant a payment of the proceed	ion from Shri/Smt vor of us/Anyone o .loan/advance agaii s of the deposit wi	r Survivor(s nst the Secu th such inte	) of us in it irity of the T rest as perr	ts absolı ērm Dep nissible	ute discr posit Rec under R	etion a ceipt to l ules to t	nd subj be issue he form	iect to ed in ou ier/the	such Ter ur joint na latter/the	rms & ames, e first /
Applicant's Name         Particulars of other A/c with other Branch/	Date :								;	Signatur	e of Depo	sitor(s)
Applicant's Name         Particulars of other A/c with other Branch/		OTHER AC	COUNTS WITH US/01	HER BANKS	IN THE SAM	E CITY/T	OWN					
Branch Name       Ac. Type		Particulars of other A/c with	other Branch/Branches	of our Bank	F	Particulars	of A/c wit	h other B	anks in t	his City/	Town	
We also understand that Bank reserves its right to close the account when the conduct of the account is incompatible with terms and conditions stipulated for uch accounts.  In case of Savings Bank and Current. Accounts, please mention the nature of transactions intended :	Applicant's Name	Branch Name	A/c. Type	A/c. No.	Ва	ank & Brar	nch	A/c	. Type		A/c. No.	
We also understand that Bank reserves its right to close the account when the conduct of the account is incompatible with terms and conditions stipulated for uch accounts.  In case of Savings Bank and Current. Accounts, please mention the nature of transactions intended :												
We also understand that Bank reserves its right to close the account when the conduct of the account is incompatible with terms and conditions stipulated for uch accounts.  In case of Savings Bank and Current. Accounts, please mention the nature of transactions intended :								+		-		
We also understand that Bank reserves its right to close the account when the conduct of the account is incompatible with terms and conditions stipulated for uch accounts.  In case of Savings Bank and Current. Accounts, please mention the nature of transactions intended :	We have read and unders	ood the terms and conditions a	pplicable to the accoun	t type chosen	above.							
A       Signature         A       Signature         Photo       B         C       Risk Category of the customer based on nature and amount of transactions specified in case of SB/CT A/c         Low/Medium/High Risk       C         Thumb impression witnessed by Mr./Mrs./Ms.       Account Opened on Account         Address of the witness       Open the Account         Signature of Witness       Signature of Authorized Official         Place :       Signature of Authorized Official	dicate the likely amounts	to be transacted in the SB/CT	account Rs									
A       Signature         Photo       B         B       Risk Category of the customer based on nature and amount of transactions specified in case of SB/CT A/c         Low/Medium/High Risk       C         Thumb impression witnessed by Mr/Mrs/Ms.       Account Opened on Account         A/c. No.       Address of the witness         The applicant(s) affixed impression before me.       Signature of Witness         Place :       Signature of Authorized Official	Specimen Signature of	f Thumb impression (in case o	f ILLITERATE) of applic	ants				For O	ffice Us	e		
Photo  Photo  Photo  Photo  Photo  B  C  Risk Category of the customer based on nature and amount of transactions specified in case of SB/CT A/c  Low/Medium/High Risk  Nomination recorded by  Account Opened by  Account Opened by  Open the Account  Open the Account  Place :  Place :  Signature of Witness  Place :  Signature of Authorized Official  Specimen Signature No :	-		Signaturo				Cheque B	ook issue	d for the	first time	e (with prefi	x)
Photo       B         Photo       B         C       C         Thumb impression witnessed by Mr./Mrs./Ms.       Low/Medium/High Risk         A/c. No.       Address of the witness         The applicant(s) affixed impression before me.       Signature of Authorized Official         Signature of Witness       Signature of Authorized Official			olgnature									_
Photo     B     and amount of transactions specified in case of SB/CT A/c       C     Low/Medium/High Risk       Thumb impression witnessed by Mr./Mrs./Ms.     Nomination recorded by       A/c. No.     Address of the witness       The applicant(s) affixed impression before me.     Signature of Authorized Official       Signature of Witness     Signature of Authorized Official						То						
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Date :		The applicant(s) affixed	impression before me.						Signation	re of A	thorizod	Official

## A-3 The Citizens Urban Co-op. Bank Ltd. H.O Jalanadhar

Account Opening Form for individuals

	TICK (✓) IN THE RELEVANT COLUMN & SIGN	
I request and authorise you to by me whether the account be	honour all Cheques, Bills of Exchange, Promissory Notes and others, drawn, acc	epted or made on the said account
Date :		Signature (s)
Cheques, Bills of Exc by or overdrawn. We shall be jo as aforesaid and for any over In the event of death, insolve	norise you until any notice in writing to the contrary is given to you by change, Promissory Notes, and other orders, drawn, accepted or and to act on any instructions so given relating to the accoun ntly and severally liable on all such Cheques, Bills of Exchange, Promissory No drafts created in our account, together with interest and charges. ancy or withdrawal of any one or more of us, the monies then and thereafter star you in our account be at the disposal of the survivor or survivors of us.	made on the said Account t, whether the account be in credit otes and Orders, honoured by you
Date :		Signature (s)
	Nomination Details (Nomination Form DA-1) A of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, person to whom in the event of my/our/minor's death, the amount of deposit outstanding in the account	
Norma O. Antoinean af the Marrie	CIF No. of Nominee	Age of the Nominee :
Name & Address of the Nom	Inee :	Age of the Norminee .
Relationship of Nominee with the [	Depositor(s), If any Date of Birth of Nominee If he/s	he is a minor
receive the amount of deposit o	is date, I/We appoint Mr/Msresi n behalf of the Nominee in the event of my/our/minor's death during the minority n Nomination should be signed by a person lawfully entitled to act on behalf of the	of the Nominee. (When a deposit is
Place : Date :		
	Signature/Thumb Impression of Depositor No. 1 Signature/Thumb Impression of Depositor No. 2	Signature/Thumb Impression of Depositor No. 3
	<u>Witness@</u>	
Witness No. 1 : Name	Address	Signature
Witness No. 2 : Name	Address	Signature
@If the Deositor(s) put Thumb	impression(s) these are to be attested by two withness	
Serial No.	Acknowledgement	
	has been registered in the Books of the Bank on	(date)
Deposit Account No.	For The Citizens Urban Co-op. Bank Ltd	