



# THE CITIZENS URBAN CO-OPERATIVE BANK LTD.

H.O. 506, New Jawahar Nagar, Model Town Road, Jalandhar - 144 001

## CIF-cum-Account Opening form for Individuals

ACCOUNT NUMBER

Branch Name  Branch Code  (For Bank's use)

I/we request you to open account as per option ticked (✓) here under based on information given by me/us in my/our CIF.

A) Full Name in Block Letters  CIF No.

B) Full Name in Block Letters  CIF No.

C) Full Name in Block Letters  CIF No.

Please tick (✓) your status : General <input type="checkbox"/> Staff <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Staff & Senior Citizen <input type="checkbox"/>		Please tick (✓) category of account you want : Domestic <input type="checkbox"/> • Non-Resident Ordinary <input type="checkbox"/> • Non-Resident External <input type="checkbox"/> • FCNR <input type="checkbox"/> • RFCs <input type="checkbox"/>		FEMA Rules apply
Savings Bank A/c. <input type="checkbox"/> S.B. A/c. No-Frills <input type="checkbox"/> S.B. A/c. Pension <input type="checkbox"/> Any Other <input type="checkbox"/> Cheque Book facility <input type="checkbox"/>		Current Account <input type="checkbox"/>		

Recurring Deposit   
 Fixed Deposit   
 Monthly Income Plan   
 Others

Link A/c. No.: SB / CT / OD

Initial Deposit/Monthly Deposit in case of RD  
 Rs.  In words

Period of deposit (in days/months)  
 OR  
 Deposit to mature on

Instructions for disposal of maturity proceeds/Auto Renewal of term deposits

I/we authorise the Bank to automatically renew the Term Deposit Receipt under the same scheme for entire maturity proceed/ Rs.....for.....Days/Months/Years on the maturity date at the prevailing rate of interest at the relevant time and pay the balance amount to me/us in cash/bankers cheque or credit the amount to my/our above mentioned Link account with you without insisting on production of the Term Deposit Receipt unless otherwise informed by me/us in writing before the date of maturity. I/we undertake to surrender the said Term Deposit Receipt while collecting the renewed Term Deposit Receipt. In case of non-surrendering of the previous Term Deposit Receipt, I/we confirm that the said receipt shall be treated by the Bank as cancelled and the Bank shall have the right to get from me/us suitable indemnity/undertaking(s) other document(s) as they think fit and proper.

(Strike out which is not applicable) Signature of Depositor(s)

Mode of Operation

By Me  Either/Any one of us/Survivor(s)  Jointly  Former or Survivor  On behalf of minor by Natural Guardian/Guardian appointed by Court

I/we intend to avail the ticked (✓) products/services also (to be applied separately by each applicant)

Internet Banking  Debit / ATM Card  SMS Alerts   
 Tele Banking

Note : This facilities are not applicable for a/cs with "JOINT OPERATION"

In case of Minor

Name of the Guardian   
 CIF No. of the Guardian

Relationship with the minor :  
 Natural Guardian  Father  Mother  Guardian appointed by court  Self operated  Others

Date of Birth of Minor



TICK (✓) IN THE RELEVANT COLUMN & SIGN			
<input type="checkbox"/> <b>INDIVIDUALS</b> I request and authorise you to honour all Cheques, Bills of Exchange, Promissory Notes and others, drawn, accepted or made on the said account by me whether the account be in credit or overdrawn.  <div style="display: flex; justify-content: space-between;"> <span>Date :</span> <span>Signature (s)</span> </div>			
<input type="checkbox"/> <b>JOINT ACCOUNT</b> We request you and authorise you until any notice in writing to the contrary is given to you by either/any of us, to honour all Cheques, Bills of Exchange, Promissory Notes, and other orders, drawn, accepted or made on the said Account by.....and to act on any instructions so given relating to the account, whether the account be in credit or overdrawn. We shall be jointly and severally liable on all such Cheques, Bills of Exchange, Promissory Notes and Orders, honoured by you as aforesaid and for any overdrafts created in our account, together with interest and charges. In the event of death, insolvency or withdrawal of any one or more of us, the monies then and thereafter standing at the credit of said account and/or any securities held by you in our account be at the disposal of the survivor or survivors of us.  <div style="display: flex; justify-content: space-between;"> <span>Date :</span> <span>Signature (s)</span> </div>			
<b>Nomination Details</b> (Nomination Form DA-1)		Serial No.....	
Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposit I/We nominate following person to whom in the event of my/our/minor's death, the amount of deposit outstanding in the account, may be returned by you			
Name & Address of the Nominee :		Age of the Nominee :	
Relationship of Nominee with the Depositor(s), If any		Date of Birth of Nominee If he/she is a minor	
As the Nominee is a Minor on this date, I/We appoint Mr/Ms.....age.....residing at..... to receive the amount of deposit on behalf of the Nominee in the event of my/our/minor's death during the minority of the Nominee. (When a deposit is made in the name of a Minor, the Nomination should be signed by a person lawfully entitled to act on behalf of the Minor.)			
<div style="display: flex; align-items: flex-start;"> <div style="width: 15%; padding-right: 10px;">Place :</div> <div style="border: 1px solid black; width: 85%; height: 60px; margin-left: 10px;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <span>Date :</span> <div style="display: flex; gap: 20px;"> <span>Signature/Thumb Impression of Depositor No. 1</span> <span>Signature/Thumb Impression of Depositor No. 2</span> <span>Signature/Thumb Impression of Depositor No. 3</span> </div> </div>			
<b>Witness@</b>			
Witness No. 1 : Name..... Address..... Signature.....			
Witness No. 2 : Name..... Address..... Signature.....			
@If the Depositor(s) put Thumb impression(s) these are to be attested by two witness			
Serial No. ....		<b>Acknowledgement</b>	
Nomination in favour of Mr/Ms.....has been registered in the Books of the Bank on.....(date)			
For The Citizens Urban Co-op. Bank Ltd.....Branch			
Deposit Account No.		Authorised Signatory	