Navabharat Co-operative Urban Bank Ltd.

Br1: Plot 12, Brindavan Colony, Dr. A.S. Rao Nagar-500 062. Br2: Balajinagar-500 087.

SC/CA/SA/TD APPLICATION

Customer ID No.:_____; Membership No.:_____; CA/SA/TD/TL/OD No.:_____

Name:_____; Nomination No.:_____; Date:_____

Kindly admit me as a member of your bank and allot me_____ shares of Rs. 10/- each for Rs._____.
Rupees_____ only. I undertake full liability to the extent of share capital held by me. I shall abide by the existing by laws and those may be enacted thereafter. I here by declare that the details furnished herein are true. Please open an account with the following particulars with provision for SMS alerts: Kindly accept the amount deposited herein and credit it to the account applied for.

A/C

CA ❑ SA ❑ TD ❑ FD ❑ RIP ❑ RD ❑ TL ❑ ODCC ❑ | Ind ❑ Jt ❑ Prop ❑ Part ❑ Ltd ❑ Asso ❑ ❑ *PTO*

DEPOSIT

Deposit Rs._____; Effective date_____; Period:____Y ____M ____D; Due date_____; Interest @_____ %p.a.

MV Rs._____; ❑ Renew for an identical period of_____ automatically on maturity as per bank rules till my/our instructions to the contrary.

INSTRUCTIONS

Operations: ❑ Singly; ❑ Jointly; ❑ Either or Survivor; ❑ Any one or Survivors; ❑ _____; ❑ Debit our CA/SA with JPA Insurance premium Rs.____

❑ Debit my/our CA/SA No._____ with Rs._____ p.m. and credit it to my/our A/c No._____

❑ Transfer MI/QI/HYI/Maturity proceeds to A/c. No._____; ❑ Hold the DR; Debit the custodial charges to my CA/SA.

PROOFS

Identification Proof : No. _____ Date of Issue_____ Issuing Authority_____

Address Proof : No. _____ Date of Issue_____ Issuing Authority_____

ENCLOSURES

Forms ❑15H; ❑60; ❑61; ❑ _____; ❑ Partnership Deed. ❑ Copy of Memorandum and Articles of Association ❑ Certificate of Incorporation ❑ Certificate of commencement of business. ❑ Certified copy of Board Resolution regulating the conduct of the Account together with specimen signatures of Authorised Signatories. ❑ _____

SIGNATURES

1._____ 3._____

2._____ 4._____

CR. VOUCHER

Certified that the Depositor has complied with KYC norms; account opening form, relative enclosures are on record. Customer ID, A/C No., noted herein are correct.
Certified that the Application cum Dr. Voucher, Form 15 H, _____ is on record. Nomination is registered; Regn No._____;
Standing Instructions registered. Received the TD amount of Rs._____ Rupees_____ only
The SC/PB/TDR is presented to the Depositor

Depositor(s) **Batch/Scroll No.** **Clerk** **HOD/Br.Manager**

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A/C

SA ❑ ISA ❑ CA ❑ ODCC ❑ FD ❑ RIP ❑ RD ❑ ❑ | Ind ❑ Jt ❑ Prop ❑ Part ❑ Ltd ❑ Asso ❑ ❑ *PTO*

DEPOSIT

Deposit Rs._____; Effective date_____; Period:____Y ____M ____D; Due date_____; Interest @_____ %p.a.

MV Rs._____; ❑ Renew for an identical period of_____ automatically on maturity as per bank rules till my/our instructions to the contrary.

INSTRUCTIONS

Operations: ❑ Singly; ❑ Jointly; ❑ Either or Survivor; ❑ Any one or Survivors; ❑ _____; ❑ Debit our CA/SA with JPA Insurance premium Rs.____

❑ Debit my/our CA/SA No._____ with Rs._____ p.m. and credit it to my/our A/c No._____

❑ Transfer MI/QI/HYI/Maturity proceeds to A/c. No._____; ❑ Hold the DR; Debit the custodial charges to my CA/SA.

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SIGNATURES

1._____ 3._____

2._____ 4._____

Kindly close my/our ❑SC; ❑CA; ❑SA; ❑TD referred to above and pay its maturity proceeds.

Signature(s) of Depositor

DR. VOUCHER

The Deposit account is closed on maturity; ❑ premature; Deposit amount alongwith Applicable interest Rs._____ Rupees _____ only is paid by transferring it to CA/SA/OD No_____; ❑ Cash.

❑ Account is settled to our full satisfaction. The service is ❑ good; ❑ satisfactory; ❑ Not satisfactory

Depositor(s) **Batch/Scroll No.** **Clerk** **HOD/Br.Manager**

NOMINATION

I/We nominate the following person to whom, in the event of my/our minor's death, the amount of deposit may be returned by the bank.

1._____ D O B _____ Aged:_____ yrs AADHAR_____

S/W/o._____ Relationship with depositor: _____ PAN_____

_____ M F A AS I V P O CELL_____

❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑

As the nominee is a minor on this date, I/We appoint the person detailed herein to receive the deposit amount on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee:

1._____ D O B _____ Aged:_____ yrs AADHAR_____

S/W/o._____ Relationship with depositor:_____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

SIGNATURES

1._____ 3._____

2._____ 4.Date:_____

NOMINATION WITNESSES

1._____ D O B AADHAR_____

S/W/o._____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

2._____ D O B AADHAR_____

S/W/o._____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

Date: _____ Signatures of Witnesses: _____ _____

Notes:*SA=Savings Accounts; ISA=Insured Savings Accounts; CA=Current Accounts; OD/CC=Overdraft Cash Credits; FD=Fixed Deposits; RIP=Reinvestment plan; RD=Recurring Deposit; IND=Individual; Jt=Joint; Prop=Proprietor; Part=Partnership; Ltd=Limited Company; ASSO=Association;*

Post Receipt Audit/Inspection Findings/Comments:

❑ The disbursal is in compliance with all the statutory/ regulatory provisions and bank's policies.

❑ The following irregularities are noticed and brought to the notice of the Branch Manager:

1.

2. **Concurrent Auditor/General Manager**

NOMINATION

I/We nominate the following person to whom, in the event of my/our minor's death, the amount of deposit may be returned by the bank.

1._____ D O B _____ Aged:_____ yrs AADHAR_____

S/W/o._____ Relationship with depositor: _____ PAN_____

_____ M F A AS I V P O CELL_____

❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑

As the nominee is a minor on this date, I/We appoint the person detailed herein to receive the deposit amount on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee:

1._____ D O B _____ Aged:_____ yrs AADHAR_____

S/W/o._____ Relationship with depositor:_____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

SIGNATURES

1._____ 3._____

2._____ 4.Date:_____

NOMINATION WITNESSES

1._____ D O B AADHAR_____

S/W/o._____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

2._____ D O B AADHAR_____

S/W/o._____ PAN_____

_____ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ CELL_____

Date: _____ Signatures of Witnesses: _____ _____

Notes:*SA=Savings Accounts; ISA=Insured Savings Accounts; CA=Current Accounts; OD/CC=Overdraft Cash Credits; FD=Fixed Deposits; RIP=Reinvestment plan; RD=Recurring Deposit; IND=Individual; Jt=Joint; Prop=Proprietor; Part=Partnership; Ltd=Limited Company; ASSO=Association;*

Post Closure Audit/Inspection Findings/Comments:

❑ The disbursal is in compliance with all the statutory/ regulatory provisions and bank's policies.

❑ The following irregularities are noticed and brought to the notice of the Branch Manager:

1.

2. **Concurrent Auditor/General Manager**