ACCOUNT OPENING FORM (Page-1)

THE NADAMEL SERVICE CO-OPERATIVE BANK LTI NF Gate Tripunithura - 682301, Tel: 0484 2776526, E-mail: nadamelscb@gmail.com (DD MM YYYY) Branch ID **Branch Name** Date Period : [Years] [Days] Periodicity of Intrest : [Specify M/Q/H/Y for Initial Deposit Amount: [Rs.] [Months] Intrest % monthly/Quarterly/Half-yearly/Yearly] Section (B): Instructions Minor Trust HUF Partnership Others [specify below] Constitution: Individual Society Local Boady Company Proprietorship Either or S Letter or Survivor Mode of Operation: Any Two Jointly Others [specify below] Single Joint F or S Anyone or Survivor All of Us/Survivors Savings/Investments Loan Repay Collect Funds Others: Purpose of Account: ECS Credit FD Interest to: Bank A/c DD RTGS Half-yearly Yearly on the periodicity of: Monthly (discounted rate) Quarterly Maturity A/C No: IFS Code: Bank: Branch: Place: Favoring: Facilied as availed: Internet Banking Mobile Banking IMPS SMS Banking/Alert Nomination availed ATM Card Mobilr Passbook [Specify Mobile No.] Email Alerts [Email-Id] Income Tax: Tax exempted [if ✓ provide document as] 15G 15H Certificate PAN: Deduct TDS [If PAN not provided, TAX at higher rate will be deducted] from the A/c: Section (C):Declaration by Applicant(s) Name of Account: (for each joint appicant, separate KYC from needs to be filled and attached with this form0 Total No. of Applicants: Please open a deposit account in my/our name(s) as per the Information provided above, I We agree to ablde by the RBI directives and Bank's rules and regulations which have been read/explained to me/us, regarding the conduct of the account as well other rules governing the scheme in force, from time to time. Section (D):Photo and Signature of the applicant and joint applicant Account No: Serial No and Name of the Appicant: Serial No and Name of the Appicant: Customer ID: Customer ID: (Put signature in each box below) (Put signature in each box below) Recent Recent photograph of photograph of Appicant Appicant Name and signature of more joint Applicants Name of joint Appicant(s) Signature Name of joint Appicant(s) Signature

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ection (E): Int							
confirm that t croducer's Na		e known to me per	sonally	Custom	er ID:		
dress :				A/c No:			
te:			Phone:	Signature: .			
	mination Form D	A-1	Thone.	Signature			
ominate the f	ollowing persons	Under Rule 2(1) of	the Banking Companies (Nomi	the Banking Regulation Act, 1949 nation) Rules 1985 in respect of Ba	ank Deposits. (names particulars where of a	and address)	
	Details of Deposits			Nominee	Relationship If nominee is		
Nature of Deposit	Deposit Distingushing No	Additional details if any	Name of Nominee	Address	with the Depositor, if any	a minor, date of birth and age	
nd I/we, appo	nt						
ne amount of	the deposit on be			(nar 's death during the minority of the		receive	
ace:				Name & Signature/Left thumb Im	npression of depositor	-(s)	
ate :				1 2			
1				3			
				4 ned by a person lawfully entitled t			
numb impress	ion should be att	ested by two witne	sses and Manager/Asst. Manag	ger, Nomination can be registered	only in the name of o	one person)	
omination Re	gistration No			Date			
ection (G):Dec	claration by Appl	icant(s)					
as born on	that		and attains majority on		I am the natural gurd		
Name of Guard	dian)		(Relationship with Minor) (Signature of Guardian)				
uardian shoul	d submit KYC doc	cument.					
ection (H):Ver	ification (for offi	ce use only)					
A/c Opened		ure uploaded	KYC form(s) collected	Supporting Documents co	llected Data	a Vertified	
rejected, spe	ecify reason:]		`lerk·	Accountant:	Secretary:		