



CATHOLIC BANK

(The Catholic Co-operative Urban Bank Ltd.)
Vani Nilayam, 50 Sebastian Road, Sec-bad - 500 003.

APPLICATION
FOR ACCOUNT
OPENING

Account No. _____

1. ACCOUNT CHOICE

- | | |
|------------------------------------|---------------------------------------|
| ACCOUNTS | TERM DEPOSITS |
| <input type="checkbox"/> SAVINGS | <input type="checkbox"/> FIXED |
| <input type="checkbox"/> CURRENT | <input type="checkbox"/> REINVESTMENT |
| <input type="checkbox"/> RECURRING | <input type="checkbox"/> OTHERS |

2. STATUS

- INDIVIDUAL PVT. LTD. CO.
- JOINT ACCOUNT PUBLIC LTD. CO.
- PROPRIETARY PARTNERSHIP

3. DEPOSITS

TERM DEPOSIT / RECURRING DEPOSIT

AMOUNT Rs.

PERIOD.....YEARS.....

MONTHS.....DAYS.....

M.I. IN CASE OF R.D./c'S.....

4. MINORS

(DATE OF BIRTH IN CASE OF MINOR)

GUARDIAN'S NAME

Relationship

- MOTHER FATHER

5. ACCOUNTS WITH US

I/We

- Do not have any Accounts with you /
- Have the following Accounts with
- The Catholic Co-operative Urban Bank Ltd.

1. Name _____ A/c. No. _____

2. Name _____ A/c. No. _____

I/We request you to open an account of the following nature and style with you. I/We have read the relative rules of your Bank and confirm that I/We shall abide by the same.

Affix
Photograph

(FULL NAME)

1. Mr./Mrs./M/s. _____ (Surname) _____ (Name)

S/o., D/o. W/o. _____

2. Mr./Mrs./M/s. _____ (Surname) _____ (Name)

S/o., D/o. W/o. _____

Address _____

_____ PIN _____

Phones (O) _____ (R) _____

6. OPERATION

Mode of Operation (For Individuals)

- SINGLE SEVERALLY JOINTLY EITHER OR SURVIOR

1. Age _____

Occupation _____

2. Age _____ if Business, Nature of Business _____

FOR FIRMS / COMPANIES - STATUS OF OPERATION

Name of the Proprietor _____

As per partnership Deed _____

As per Resolution Deed _____

Authorised Partners / Director _____ Designation _____

We Undertake to notify the Bank of any Changes in the Partnership

We agree to inform you of any changes in the Board of Directors and whenever any amendments are made in the Memorandum and Articles of Association.

7. INTRODUCED BY

Name _____

A/c. No. _____

I/We hereby introduce the applicant, whom I/We know since the last _____ years and confirm the address given.

Signature of the Introducer

8. FOR TERM DEPOSITS

Renew the Term Deposit for Identical period on Maturity / Automatic Renewal Facility.

Pay periodical interest on the Deposit :

- MONTHLY
 QUARTERLY
 HALF YEARLY

To the Credit of _____

A/c. No. _____ OR
 By post by Demand draft favouring

Mr./Ms./M/s. _____

 (ANY OTHER (SPECIFY))

9. FOR INDIVIDUALS

- Joint Family Letter
 Others (Specify)
 PAN Card
 Form No. 15 G & 15 H must
 For Firms / Companies
 Partnership Letter
 Partnership Deed
 Memorandum and Articles of Association
 Board Resolution

 (ANY OTHER (SPECIFY))

10. FOR JOINT ACCOUNT

We undertake to be jointly and severally liable to you for any moneys owing to you on this Account including your commission, interest and other charges and for any debit balances arising in the Account for whatsoever reason, Hence we request you to accept the endorsement jointly and/or severally of us on cheques orders bills or notes payable to us. In the event of death, insolvency or withdrawal of any of us the survivor or survivors have full control of any moneys then, there after standing to our credit in our account.

11. NOMINATION

I/We _____
 (Full Name of the depositor)
 nominate the following person to whom in the event of my/our/minor's death, the amount of deposit lying to my/our/minor's credit may be returned by the Catholic Cooperative Urban Bank Ltd.

Name _____
 Address _____

(Relationship, Age and Date of Birth, if nominee is a minor)
 As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum _____

Age _____ Relationship _____
 Address _____

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee (applicable only, when the Nominee is a minor)

12. AUTHORISATION AND DECLARATIONS

The Bank based on this application form the authorised signatories Mentioned under 'Operation' in is absolute discretion and subject to such terms and conditions as the Bank may stipulate, can make payment, premature payment of the proceeds of the deposit at the time of closure of the Account.

I/We request and authorise you to honour all cheques or other orders drawn by me/us or bills of exchange or notes drawn by me/us and I/We request you to debit such cheques or other orders, bills of exchange and notes as also amounts of any dishonoured bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I/We draw cheques/Cash in excess of our credit balance in the account with the Bank as necessity arises. I/We

undertake to repay the amount over drawn with interest immediately. The Bank is hereby authorised to charge interest on the amount overdrawn as per the Rules of the Bank in force with or without any advise to me/us.

I/We confirm that the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by / to me / us and I/We agree to abide and be bound by the same. I/We also agree to abide by the Rules and Regulations which may be modified from time to time. I/We certify that the information furnished above is correct.

1. Signature _____
 2. Signature _____
 3. Signature _____

Place : Secunderabad

Date :

13. DECLARATION OF GUARDIAN IN THE CASE OF ACCOUNT IN THE NAME OF THE MINOR

I hereby declare that I am the natural/legal guardian of the minor in whose name the deposit is applied for by me. I further declare that the date of birth of the minor is _____ and the minor attains majority on _____

Signature of the Guardian

SIGNATURE(S) VERIFIED BY

FOR BANK'S USE

PARTICULARS OF CHEQUES ISSUED

OPEN THE ACCOUNT & ISSUE CHEQUE BOOK OR WITHOUT CHEQUE BOOK

Nature of Account

Number

Starting Cheque No. Ending Cheque No.

Date of Issue

OFFICER

Verified by