Estd: 1949



THE GUNTUR CO-OPERATIVE URBAN BANK LTD.

(Regd. Under A.P. Mutual Aided Co-op. Societies Act. 1995)

TD 1
Branch

	Savings Account
	☐ Current Account
ACCOUNT OPENING FORM	☐ Fixed Deposit
(Deposit Account)	Re-Investment Deposit
(= 1 1	☐ Recurring Deposit
	Urban Nitya Deposit

	CIF								
A/c No				T					
	Da	te]		

Administrative Office: 3rd Lane, Brodipet, GUNTUR. E.mail: gcubltd@yahoo.com, web site: www.guntururbanbank.com Toll Free No.: 1800 425 4847

ACCOUNT OPENING	(for Individua	als & Joint Accounts)	
I/We request you to open a Current / Savings / account in be operated by me/us. We agree to abide by the rules Govern With Cheque Book Name as would appear on the card:	ning the Current / Sav thout Cheque Book	avings / accounts. ATM -CUM - Debit Card	to
Signature Si	gnature	Signature	
ACCOUNT OPEN	ING (for Joint	nt Hindu Family)	
We, the members of the Joint Hindu Family/firm, re	equest you to open a (a Current/Savings Bank Account in the name and sty	le of
The Joint Family (HUF) Letter signed by all the adult mem We, the undersigned, hereby authorize severally/jointly. All transactions entered into and obligation acts done/to be done to comply with the Bank's rules which a conduct of such accounts will also be binding on us.	s incurred or to be her	of us to operate upon the accereafter incurred by them will be binding on all of us.	Any
We request and authorize you to honour all cheques, without severally/jointly on the said account or bills of exchange acceverally/jointly and we request to debit such cheques and dishonoured bills, notes and cheques to the said account when	cepted or notes draw d other orders and bi	wn by c bills of exchange and notes as also the amount of	of us of us any
We agree to comply with the Bank's rules for the time being i account. Please issue the cheque book and pass book for our use.	in force and such othe	ner changes effected form time to time for conduct of s Signature	such
CURRENT ACCOUNT	OPENING (f	for Proprietor Firms)	
I/We request you to open a Current account in your leads to be operated by me. We agree to abide by the rules Govern Please furnish us with a cheque book for our use.			
I, the undersigned		, trading in the name and sty	le of
M/sis interested in it as partner or otherwise. I further undertake to			
concern.		Signature of the Proprietor	
CURRENT ACCOUNT	OPENING (fo	for Partnership Firms)	
We request you to open a Current Account in the name of o			
(Name	e and address of the fir	firm) in the Books of the Bank and we herewith tende	r Rs
for credit thereto. The names of all the partners in our firm are given below, We produce herewith the partnership deed with registration	/ with out registration		
We agree to comply with the rules of the Bank governing Cu			
The following persons are authorized to operate the accoun 1)2) either/any one of us. Name of all partners in full with designation, address & Sign			rom

ACCOUNT	JPENING (for Clubs, Associa	tions, Committees, Etc.)
We request you to open a Cur	rent / Savings Bank Account in your books in t	the name of
	(Name and address of Clu	ub/Association.)
We send herewith		,
	rules and bye-laws of the Club / Association	, as amended up to date,
• • •	ificate of Registration/incorporation and	•
• •	olution to open and operate the account.	
We have read the Bank's Rules now it from time to time.	n force and agree to comply with and be bour	nd by the same and changes that may be made therein
Committee/Governing Body, etc., and	duntil such information is given to the Bank, on of the Managing Committee/Governing Bo	and bye-laws or in the composition of the Managing the Bank is to rely on the constitution and bye-laws or ody, etc., herewith furnished.
		Signature
CURRENT A	ACCOUNT OPENING (for Pu	ıblic / Private Ltd., Co.)
Wa request you to open a Current acco	ount in your bank in the name of M/s	. We agree
to abide by the rules Governing the C	•	We agree
•	g of the Current account in our Company's N	ame
1. Copy of Memorandum and a		
Copy of Certificate of Incorp		
3. Copy of Certificate of Comn	nencement of Business in case of Public Lin	nited Company
-	account and authorize the persons to operate	e the account
Please furnish us with a cheque book	for our use.	Signature
ACCOUNT OPENIN	G (Fixed / Re-Investment / Re	ecurring / Urban Nitya Deposits)
I/We request you to open a Fix	ed / Re-Investment / Recurring / Ur	ban Nitya account in your bank in the name
	_	agree to abide by the rules Governing the Fixed / Re-
Investment / Recurring / Urban Nitya	<u>*</u>	agree to ablae by the rules doverning the rixed / ite
investment, recurring, eroun vityu	accounts.	Signature
APPI	LICABLE IN CASE OF MINO	OR ACCOUNTS
I/We hereby declare that the min	or	(Name of the Minor) is my/our
		/ful guardinan/guardian appointed in terms of court's
		said minor in all future transactions of any description
	t until the said minor attains majority. I/ We h	ereby certify that minor was born
on 20		
		Signature of the Guardian
	INTRODUCTION DET	AILS
Ι	having CIF No	confirm that I am an holder of account
		td., for the past months/years and personally
	months/years and confirm his/her/t	

FIXED DEPOSITS / RE-INVESTMENT DEPOSITS

Amount Rs(in word	ls)		-
Period: Days/Months/ Y	Years. Rate of Interest:	%	
In case Term Deposit, interest payable:	Monthly Quarterly F	Half-yearly Yearly	
Auto renew Principal Auto ren	new principal & interest A	uto renew Rs	
Auto renew for period: Da	ays / Months / Years.		
Payment instruction:			
By credit to my Bank Account No.], By Banker's Cheque / Demand Draft / NEF	Τ
	RECURRING DEPO	OSITS	
Monthly installment Rs	Period:	Years. Rate of Interest:	%
Standing instruction (in any) Debit Accou	unt No.		
	URBAN NITYA DEP	POSITS	
Monthly installment Rs	Period:	Years. Rate of Interest:	%
Standing instruction (in any) Debit Accou			•
Standing most section (in any) Book record			

DECLARATION BY THE ACCOUNT HOLDER(S)

I/We declare that all the particulars, details and information given in this Account Opening Form (AOF) and in support are true, correct, complete and up to date in all respects and I/We have not withheld any information. I/We am/are competent and fully authorized to issue such declarations, confirmations, agreements and undertakings and submit this Account Opening Form for the purposes of opening Current/Savings/Term Deposit account and this Account Opening Form has been duly and validly executed by me/us. I/We confirm that no insolvency proceedings or suits for recovery of outstanding dues or monies whatsoever or for attachment of my/our assets or properties and/or any criminal proceedings have been initiated and/or are pending against me/us and that I/We never been adjudicated as insolvent. I/We agree that the opening, operation and maintenance of account shall be governed by the rules/terms and conditions of The Guntur Coop Urban Bank Ltd. I/We read and understood the terms and conditions of the account opening, operation and transactions, and agree that the products/services offered are subject to revision from time to time, The Guntur Coop Urban Bank Ltd., shall be entitled to service charges/ fee form me/us.

I/We have agree and ensure to maintain sufficient and minimum balance/Quarterly average balance as prescribed by The Guntur Coop Urban Bank Ltd., form time to time in my/our account, failing which I/We authorize the bank to levy the penalty/ies as applicable to the account from time to time and also to discontinue completely or partially any or all of the services. I/We hereby agree and undertake to adhere to all statutory and regulatory requirements in force from time to time governing the account. I/We shall indemnify and hold the bank harmless against any actions/suits/complaints/proceedings initiated against bank or cost, loss, expenses, damages incurred of suffered by bank as a result thereof. I/We agree and aware that bank has an exclusive rights of lien/charge/set off on the deposits/cash and shall be at liberty to recover the amounts due from me/us to the Bank.

The Guntur Coop Urban Bank Ltd., and their agents shall be entitled and are authorized to exchange, share or part with all the information and details relating to my/our account/business/transactions to other banks, credit bureaus, Companies, agencies, statutory bodies etc. as may be required, to the extents it is essential for carrying our the bank's obligation/business and shall not hold The Guntur Coop Urban Bank Ltd., liable for use/sharing of this information.



ACCOUNT OPENING FORM: PART - I

- $1. \ Please \ fill \ up \ in \ BLOCK \ letters \ only \ and \ use \ BLACK \ INK \ for \ signature$
- 2. Please affix a passport size photograph in the box provided. Also enclose another photograph for affixing in the pass book
- 3. For opening account of minors, where proof of identity/address is not available, the ID/Address proof of Father/Mother and Natural Guardian is sufficient.
- 4. In case of illiterate customers, Left Thumb impression (LTI) to be affixed and verified

	PERSONAL D	ETAILS
Customer Type: Public	Staff Senior Citizen	en Minor
Constitution: Individual F	Proprietorship Partnership	Private Ltd Co. Public Ltd Co. Others
Name: Mr. / Ms. / Mrs. / M/s		
Father / Husband / Guardian Mr. / I	Ms. / Mrs. / M/s	
Mother's Name :	Marital S	tatus: Married Unmarried
Date of Birth : General [Gender OBC SC ST	: Male Female Others
Religion : Hindu	Muslim Christian	Others
Occupation Type: Salaried	Self-employed Business	Retired Student Others
Organization's / Business Name: _		
Income Rs.	Monthly/Annually	Pan Number:
Passport No :		Aadhaar No :
Voter Id No:	_	Others :
	CORRESPONDENC	CE ADDERSS
D.No:		
Land Mark / Street :		
City:	Pin:	Mobile/Ph No:
	PERMANENT A	ADDRESS
D.No:		
I and Maria / Chrost		
City:		NATE OF A

ACCOUNT OPENING FORM: PART - II

MODE OF OPERATION							
Self Only E or	S F or S	Any one or Survivor	Jointly	Others			
	DETA	ALS OF APPLICAN	T (S)				
1st Holder Mr/Ms/Mrs							
2nd Holder Mr/Ms/Mrs							
3rd Holder Mr/Ms/Mrs							
	SI	ERVICE REQUIRE	D				
SMS Alerts:	Required	Not Required					
Internet Banking:	Required	Not Required					
Mobile Banking:	Required	Not Required					
Statement Frequency:	Monthly	Quarterly	Half-year	ly			
Auto Sweep Facility:	Yes	No					
I/We authorize you to transfer	amounts in exc	cess of Rs.	i1	n my/our SB/Current Accoun			
No	_ on any day int	o a term deposit of	Days tenor in	units of Rs			
I/We further authorise the inadec	uacy of funds ir	n my/our SB/Current accoun	t referred above	is met any time by prematurely			
breaking the term deposit in unit	s of Rs	and transferring the rec	quired amlunt in	to the said SB/Current account			
P	PHOTO (S)	& SPECIMEN SIGN	NATURE (S))			
1 st Applicant Photo		2 nd Applicant Photo		3 rd Applicant Photo			
CIF	CI	F	CIF				
Signature(s) Thumb impression(First Holder	(s) Si	ignature(s) Thumb impression(s) Second Holder	Sign	nature(s) Thumb impression(s) Third Holder			

FORM NO. 60

Form of declaration to be filed by a person who does not have either a Permanent Account Number of General index Register Number and who makes payment in cash in respect of transaction specified it clauses (a) to (h) or rule 114B
Full Name and address of the Declarant :
,
Particulars of transaction
Amount of the transaction
Are you assessed to tax? Yes No
If Yes,
i) Details of Ward / Circle / Range where the last return of income tax filled?
ii) Reasons for not having Permanent Account Number / General index Register Number? Details of the Decument being produced as support of address in column (i)
Details of the Document being produced as support of address in column (i)
<u>VERIFICATION</u>
I do hereby declare that what is stated above is true to the best of m knowledge and belief.
Verified today, the day of 20
Date: Signature of the Declarant
NOMINATION FORM - DA 1
I/We nominate the following perso
to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below,
may be returned by The Guntur Cooperative Urban Bank Ltd., Branch.
Details of Deposits:
Type of deposit:Account No
Additional details, if any:
Details of Nominee:
Name:
Relationship with the depositor: Age DOB
As the nominee is a minor on this date, I/We appoint Shri/Smt.
AgeYears t
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.

Signature(s) / Thumb impression(s) of depositor(s)

Date:

Date:

FOR OFFICE USE

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

1	Internet Banking Kit No	:	 			
2	Mobile Banking MPIN Given on dated	:				
3	ATM Card Data transmitted on dated	:	 			
4	Nomination serial No	:	 			
5	Admission Number	:				
6	Risk Category	:	Low	Medium	High	
7	Any Future Instructions	:				
8	Account Closed on dated	:				
	Account Opened by		Accour	nt Confirm by		

ADDRESS / IDENTIFICATION PROOF DETAILS

Date:

Clerk

Authorised Signature

	Proof of Identity	Proof of Address					
1	Passport where the address differs	Credit card statement					
2	Voter ID Card	Salary slip (with address)					
3	PAN Card	Electricity bill					
4	Govt./ Defence ID Card	Telephone bill					
5	ID card of a reputed employer	Letter from a reputed Employer					
6	Driving License	Bank account statement					
7	Photo - ID card issued by Post office	Ration Card					
8	Aadhaar card is sufficient towards proof of identity & address						

Please attach one self- attested photocopy for identity proof and address proof each. Originals thereof will have to be produced for verification.