



**CHERTHALA GOVT. SERVANTS'
CO-OPERATIVE BANK LTD NO. 235
..... BRANCH**

APPLICATION FOR SAVINGS BANK ACCOUNT

SPACIMEN SIGNATURE		JOINT HOLDER	
1		2	
1		2	

M.No.....Name(Block Letter).....

Name of Joint holder

Address.....

..... Pin.....

Telephone No. With STD Code..... Age..... Date of Birth.....

Official address

..... PAN :

Operation of A/c	Single	Joint	Either/former or survivor
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Name of Nominee..... Age.....

Address of Nominee.....

..... Relationship.....

Introducer's M.No. & Name.....

A/c. No..... Introducer's Signature.....

Sir,

I/We wish to open a Savings Bank Account with THE CHERTHALA GOVT. SERVANTS' CO-OPERATIVE BANK LTD. NO. 235 and for this purpose I/We remit a sum of Rs..... I/We hereby agree to abide the Rules and regulations governing the savings bank account of the bank. I/We request that the amount together with accrued interest may be paid to me/either of us to the survivor.

Yours Faithfully,

Date..... Signature.....

FOR OFFICE USE

A/c. No.	Sl. No.	Folio	ID. No
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Account opened and signature verified.

L.C

Date

Acct/Br. manager