



# The Postal and RMS Employees Co-op. Bank Ltd.

H. O. 6070/10, 14, Idgah Road, Ambala Cantt.

Branch : Ambala / Delhi

## ACCOUNT OPENING FORM

SB/CA/RD/FD/CDC

1. **Nature of Account :-** General / Staff / Dated .....

2. **Types of Account :**

a). Saving Account :

b). Current Account : M/s.....

c). Recurring Account : Rs..... Months..... SI from SB A/c .....

d). Fixed Deposit : Rs..... Period..... Intt. Monthly/Quarterly

Interest Credit in SB A/c.....

e). Cash Deposit Certificate: Rs..... Period .....

f). Existing Customer ID No. .... SB A/c No.....

3. **1) Male**  **2) Female**  **3) Transgender**  **D.O.B.**

4. **Mode of Operation:-**

1. Self

2. Jointly

3. Either or Survivor

5. **Applicant :-**

Name..... S/o D/o W/o .....

Phone No. .... PAN ..... Aadhar no.....

a) **Joint Applicant - I**

Name..... S/o D/o W/o .....

Phone No. .... PAN ..... Aadhar no.....

b) **Joint Applicant - II**

Name..... S/o D/o W/o .....

Phone No. .... PAN ..... Aadhar no.....

c) **Applicant**

**Joint Applicant - I**

**Joint Applicant - II**

Photo

Photo

Photo

Signature

Signature

Signature

d) Address  
Applicant

Joint Applicant - I

Joint Applicant - II

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7. **Nomination :-**

Nominee's Name..... Relation.....age.....  
(in case of minor DOB..... Name of Guardian .....

8. Auto Renewal on maturity for same period Yes / No

9. Facilities required by Customer (Tick mark the facility)  
(Passbook / Chequebook / SMS Alert / ATM / Debit Card

10. **Terms & Condition :-**

(a) I / We confirm having received read and understood the rules for opening and operation of the account and bound by myself / our selves the terms & conditions set by Bank. Amendments to the rules made from time to time are also acceptable to me / us.

(b) I / we also agree to maintain the minimum balance as decided by the bank and agree to pay the charges if any.

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signature of Applicants

For office use only

A/c Type SB / CA / RD / FD / CDC

A/c No  Customer ID  Opening Date

issue w.e.f  maturity date  Rate of Interest

Maturity value  Nom. No.  S.I No.

Form / 15G / 15 H received Yes / No For the Year.....

Dealing Asstt.

Accountant

Chief Manager