



# EENADU BANK

THE EENADU CO-OPERATIVE URBAN BANK LTD.

Head Office & Chandanagar Branch : D.No.2-57/4/EBANK, 1st Floor, AK Plaza, Chandanagar, Serilingampally, Hyderabad, R.R.Dist. Telangana - 500 050.

ACCOUNT  
OPENING  
RESIDENT INDIANS

PHOTO

PHOTO

Branch : \_\_\_\_\_

## 1. ACCOUNT CHOICE

ACCOUNTS	TERM DEPOSITS
<input type="checkbox"/> CURRENT ACCOUNT	<input type="checkbox"/> EENADU FIXED DEPOSIT
<input type="checkbox"/> SAVINGS ACCOUNT	<input type="checkbox"/> EENADU MULTIPLIER DEPOSIT
<input type="checkbox"/> OVERDRAFT ACCOUNT	<input type="checkbox"/> EENADU AUTOMATIC RENEWAL
<input type="checkbox"/> CASH CREDIT ACCOUNT	<input type="checkbox"/> RECURRING DEPOSIT
ANY OTHER (SPECIFY) _____	

## 2. CONSTITUTION

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PRIVATE LTD. COMPANY
<input type="checkbox"/> JOINT ACCT.	<input type="checkbox"/> PUBLIC LTD. COMPANY
<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> HUF	<input type="checkbox"/> CO-OP. SOCIETY

## 3. PERIOD

TERM DEPOSIT AMOUNT RS. \_\_\_\_\_

PLAN PERIOD

YEARS MONTHS DAYS

## 4. MINOR'S

DATE OF BIRTH \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_

RELATIONSHIP

MOTHER  FATHER

ANY OTHER (SPECIFY) \_\_\_\_\_

## 5. ACCOUNT WITH US

I / WE

DONOT HAVE ANY ACCOUNT WITH

HAVE THE FOLLOWING ACCOUNTS WITH EENADU BANK

1. NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## 6. NAME D.O.B.

1. Mr/Ms./Mrs. \_\_\_\_\_

S/o W/o. D/o \_\_\_\_\_

Mother Name \_\_\_\_\_

Occupation \_\_\_\_\_ Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_

PAN No. \_\_\_\_\_ Aadhar No. \_\_\_\_\_

2. Mr/Ms. \_\_\_\_\_

S/o. W/o. D/o \_\_\_\_\_

Mother Name \_\_\_\_\_

Occupation \_\_\_\_\_ Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_

PAN No. : \_\_\_\_\_ Aadhar No. \_\_\_\_\_

## 7. ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ PIN \_\_\_\_\_

PHONE : FAX : TELEX NO. \_\_\_\_\_

## 8. OPERATION

SINGLY  JOINTLY  EITHER OR SURVIVOR

## 9. EITHER OR SURVIVOR DECLARATION

We, the undersigned, having opened a SB/CA/TD/RD/ accounts with you, hereby agree that, during the currency of the said account either / any one of us shall have full control of the moneys standing to the credit of our account and also declare that either / any one of us will operate the account and that such operation shall not in any way prejudice the interest of the Bank.

SIGNATURE : 1..... 2.....

## 10. JOINT MANDATE

The undersigned deposits request you to allow to permit to allow Premature withdrawal of the deposit by the surviving Joint Depositors in the event of the death of the other without seeking the concurrence of the legal heirs of the deceased Joint Depositors Details of Term Deposit held by us

SIGNATURE : 1..... 2.....

## 11. FORM D A1 NOMINATION REGN. NO.

NOMINATION UNDER SECTION 52A READ WITH SECTION 56 OF THE BANKING REGULATION ACT, 1949 AND RULE 2(1) OF THE CO-OPERATIVE BANKS (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS ETC. I/WE NOMINATE THE FOLLOWING PERSON IN THE EVENT OF MY / OUR MINORS DEATH, AMOUNT OF THE DEPOSIT LYING TO MY/OUR MINORS CREDIT MAY BE RETURNED.

NAME & ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ RELATION \_\_\_\_\_

AS THE NOMINEE IS A MINOR ON THIS DATE, I/WE APPOINT THE FOLLOWING PERSON TO RECEIVE THE AMOUNT OF DEPOSIT ON BEHALF OF THE NOMINEE IN THE EVENT OF MY / OUR DEATH DURING THE MINORITY OF THE NOMINEE (APPLICABLE ONLY WHEN THE NOMINEE IS MINOR).

NAME & ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ RELATION \_\_\_\_\_

OF THE NOMINEE

# THE EENADU CO-OPERATIVE URBAN BANK LTD.

## 12. STANDING INSTRUCTIONS

FOR TERM DEPOSITS

RENEW THE TERM DEPOSIT FOR IDENTICAL PERIODS ON MATURITY

PAY PERIODICAL INTEREST ON TO THE CREDIT OF THE DEPOSIT

ACCOUNT NUMBER \_\_\_\_\_

MONTHLY

QUARTERLY

BY POST THROUGH DEMAND DRAFT FAVOURING \_\_\_\_\_

## 14. ENCLOSURE

FOR TERM DEPOSITS

FORM NO. \_\_\_\_\_

LETTER FORM 'KARTA' (HUF)

ANY OTHER SPECIFY FOR FIRMS / COMPANIES

PROPRIETORSHIP LETTER

PARTNERSHIP DEED

BOARD RESOLUTION

MEMORANDUM AND ARTICLES OF ASSOCIATION

## 16. AUTHORISATIONS & DECLARATIONS

THE BANK BASED ON THIS APPLICATION FORM THE AUTHORISED SIGNATORIES MENTIONED UNDER " OPERATION " IN ITS 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 THEIR ORDERS, BILLS OF EXCHANGE AND NOTES AS ALSO AMOUNT OF ANY DISHONOURD BILLS, NOTES AND CHEQUES TO THIS ACCOUNT, WHETHER THE AMOUNT BE FOR THE TIME BEING IN CREDIT OR OVER DRAWN IN CASE I/WE DRAWN CHEQUES / CASH IN EXCESS OF OUR CREDIT BALANCE IN THE ACCOUNT WITH THE BANKS HAS THE NECESSITY ARISES, I/WE UNDERTAKE TO REPAY THE AMOUNT OVERDRAWN WITH INTEREST ON THE AMOUNT OVERDRAWN AS PER RULES OF THE BANK IN FORCE WITH OR WITHOUT ANY ACTIVE 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.

PLACE : \_\_\_\_\_

DATE : \_\_\_\_\_

FOR BANK'S USE	
SIGNATURE (S) VERIFIED BY _____	CUSTOMER ID : _____
OPEN THE ACCOUNT & ISSUE CHEQUE BOOK OR WITHOUT CHEQUE BOOK	ACCOUNT NUMBER _____
AUTHORISED SIGNATORY _____	CKYC No. _____

CKYC SCANNED BY		MANAGER	REMARKS
OPR	OFFICER		

## 13. FORM NO. 60 (SEE THIRD PROVISION OF RULE 114 B)

FORM OF DECLARATION TO BE FILED BY A PERSON WHO DO NOT HAVE EITHER A PAN OR GIR NUMBER AND WHO MAKES PAYMENT IN CASH IN RESPECT OF TRANSACTIONS SPECIFIED IN CLAUSES (A) TO (H) OF RULE 114 B.

1. FULL NAME AND ADDRESS OF THE DECLARANT :

2. PARTICULARS OF TRANSACTION :

3. AMOUNT OF TRANSACTION :

4. ARE YOU ASSESSED TO TAX ? YES / NO

5. IF YES

(i) DETAILS OF WARD/CIRCLE/ RANGE WHERE THE LAST RETURN OF INCOME FILED ?

(ii) REASONS FOR NOT HAVING PAN GIR ?

6. DETAILS OF THE DOCUMENT BEING PRODUCED IN SUPPORT OF ADDRESS IN COL. 1 VERIFICATION

I,..... DO HEREBY DECLARE THAT WHAT IS STATED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

VERIFIED TODAY, THE .....DAY OF.....

DATE.....

PLACE.....

INSTRUCTIONS : SIGNATURE OF THE DECLARANT

DOCUMENTS WHICH CAN BE PRODUCED IN SUPPORT OF THE ADDRESS ARE :

RATION CARD, PASSPORT, DRIVING LICENCE, IDENTITY CARD ISSUED BY ANY INSTITUTION, COPY OF THE ELECTRICITY BILL / TELEPHONE BILL SHOWING RESIDENTIAL ADDRESS, ANY DOCUMENT OR COMMUNICATION ISSUED BY ANY AUTHORITY OF CENTRAL / STATE GOVERNMENT / LOCAL BODIES SHOWING RESIDENTIAL ADDRESS AND OTHER DOCUMENTARY EVIDENCE IN SUPPORT OF HIS / HER ADDRESS IN THE DECLARATION.

## 15. INTRODUCED BY

NAME _____	ACCOUNT NUMBER _____
ADDRESS _____	
CITY PIN _____	
	SIGNATURE OF INTRODUCER _____

I/WE KNOW HIM APPLICANTS(S) AND RECOMMENDED THEM TO YOUR BANK FOR OPENING OF ACCOUNT

BE WITH US WE ARE ALWAYS WITH YOU

PLEASE FILL WITH ALL CAPITAL LETTERS

BE WITH US WE ARE ALWAYS WITH YOU