

Saving Bank A/c. No.



**The A.P. Raja Rajeswari Mahila Co-Operative Urban Bank Ltd.**

7-1-70, Arunodaya, Dharam Karan Road, Ameerpet, Hyderabad - 500 016.

Date : .....

The Manager,

Sir,

I/We request you to open Saving bank with your bank. I/We the undersigned have read and understood the rules governed in the above mentioned account. These rules and in case there be any changes in the rules. I/We agree to be bound by them.

Name/s of the Depositors

Occupation

Address & Tel. No.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In case of minor (Date of birth \_\_\_\_\_)

Instruction towards operations of the joint account

(1) Any of us

(2) Jointly

Specimen Signature/s

Yours faithfully / Signature/s

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Introducer's Name \_\_\_\_\_

Saving BankA/c.

No. ....

I certify that I know Shri./Mrs./Miss \_\_\_\_\_ Since  
Past \_\_\_\_\_ months/years

Signature of introducer \_\_\_\_\_ Signature Verified

Jr. Officer

Officer / Clerk





**The A.P. Raja Rajeswari Mahila Co-operative Urban Bank Ltd.**

Ameerpet, Hyderabad



Nomination under section 45 Z A read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of the bank deposits

I / We \_\_\_\_\_

We \_\_\_\_\_ Name(s) and address(es) \_\_\_\_\_  
 nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by A.P. Raja Rajeswari Co-operative Urban Bank Ltd.

Name and address of branch / office in which deposit is held \_\_\_\_\_

Deposit \_\_\_\_\_ Nominee \_\_\_\_\_

Nature of deposit	Distinguishing No.	Additional detail, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, his date of birth
		(I) Any of us (S) Jointly					

\* As the nominee is a minor on the date I / We appoint Shri / Smt. / Kum \_\_\_\_\_ to receive the amount of the deposit on

(name, address and age)

behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Name(s), Signature(s) and 1. \_\_\_\_\_

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

Address(es) of witness(es) 2. \_\_\_\_\_

■ Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act behalf of minor.

■ Strike out if nominee is not a minor.

■ Thumb impression(s) shall be attested by the two witnesses.