



The Visakhapatnam Co-operative Bank Ltd.
(Regd. No. MSCS/CR/1101/2014) (Multi State Co-operative Urban Bank)

SEETHAMMAPETA BRANCH Branch

For Bank Use only

Customer ID																				
Account No.																				

SAVINGS BANK / CURRENT ACCOUNT OPENING FORM

I / We request you to open Account with you for which I / We tender herewith a Deposit of Rs. (Rupees..... only) by Cash / Cheque drawn on yourselves Bank.

FOR SAVINGS BANK ACCOUNT

Name of the Applicant/s in full in Block Letters	1																			
	2																			
	3																			

FOR CURRENT ACCOUNT

Name of the Firm / Company																				
PAN No.																				
Date of Registration / Incorporation	(Copies of Partnership Deed / Registration Certificate / Memorandum of Association & Articles of Association to be enclosed, Board resolution / letter from Firm to be submitted)																			
Names of Partners / Director	1																			
	2																			
	3																			

OTHER DETAILS / INFORMATION

	Applicant / Partner / Director 1	Applicant / Partner / Director 2	Applicant / Partner / Director 3
S/o. / D/o. / W/o.			
PAN No. (If obtained) Else Declaration in Form 60/61			
Aadhaar No.			
SEX	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>
Religion / Caste			
Nationality			
Date of Birth / Age			
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>
Address for Correspondence			
a) Permanent Address			
b) Present Address			
Telephone (Res.)			
Telephone (Office)			
Mobile No.			
E-mail address			

Occupation : (if Professional / Salaried Class, details of profession / employment. in case of business furnish nature of Business)			
Income per Annum			
Educational Qualification			

IN CASE OF A MINOR, Date of Attaining Majority (DD/MM/YYYY) :

Name of Parent / Natural Guardian	DECLARATION BY THE GUARDIAN		
Address of the Guardian :	I hereby declare that the Date of Birth of the Minor is/...../..... and the minor is my and I am his / her natural guardian / lawful guardian appointed by the Court Order, vide dated (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against any claim of the minor for any withdrawal / transactions made by me in his/her account.		
	<i>Signature of Guardian</i>		
CHEQUE BOOK :	Required <input type="checkbox"/>	Not Required <input type="checkbox"/>	

INTRODUCTION BY EXISTING CUSTOMER OF THE VISAKHAPATNAM CO-OPERATIVE BANK LTD.

I confirm that I am Account holder with THE VISAKHAPATNAM CO-OPERATIVE BANK LTD., I certify that I know Mr. / Mrs. for the last years and confirm his / her occupation / business and address stated in this application to open the Account.

Customer ID : *Signature*

Account No. :

(Branch to accept Introduction only from the Introducer who is our Bank Customer maintaining satisfactorily conducted operative Account of more than six months old)

	Applicant / Partner / Director 1	Applicant / Partner / Director 2	Applicant / Partner / Director 3
Please affix Passport Size Photograph of the respective columns			

MANDATE FOR ACCOUNT OPERATIONS For SB Account	<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others by Mandate/Power of Attorney

For Current Account (Board resolution / letter from Firm to be submitted)	Mode of operation by persons authorized to operate on behalf of the Firm / Company :	
	Singly by as Managing Partner / Partner / Managing Director / Director	Jointly by a) and b) as Partner / Director

Since we have agreed and instructed the Bank to allow operations under "Either or Survivor / "Former or Survivor" / "Any one or Survivor", we hereby authorise the Bank to allow the withdrawal of the Balance outstanding in the account to the surviving depositor/s, in case of death of any one or more of the depositors, without seeking the concurrence of the legal heir/s of the deceased joint depositor/s.

✓	✓	✓
SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3

