



DHARMAVIR SAMBHAJI URBAN CO-OP. BANK LTD.PIMPRI - CHINCHWAD

H.O.391,The Melange,401/402,Mumbal - Pune Road,Phugewadi,Pune 411 012

Mob : 7887882886/54 E-mail : sambhajlbank@hotmail.com

The Manager _____

Branch _____

CURRENT ACCOUNT OPENING FORM

Date _____

A/c No. _____ Cust ID _____

I/we wish to open my / our Current Account in your Bank and for this purpose I/we hereby deposit Rs.

(Rupees _____)

) Beigb the initial deposit. I/We have read and understood all the rules and

regulation of the Current Account and agree to be bound by the said rules as amended from time to time. I/we agree to conduct the account opeations accordingly.

NAME OF THE APPLICANT INDIVIDUAL/FIRMCOMPANY

M/S/MR./MRS. _____

ADDRESS _____ Tel(o) _____ (R) _____

NAME OF THE PROPRIETOR/PARTNERS/DIRECTORS

1. MR. M/S. _____ ADDRESS _____ M.No. _____

2. MR. M/S. _____

3. MR. M/S. _____

4. MR. M/S. _____

My/our specimen signature is are enclosed herewith I/we authorize any _____ of the above to conduct the account operation at a time . On the deth of any of us, the balance would be payable to the survivor/s.

Applicants Signature (Along with Rubber Stamp)

1) _____ 2) _____ 3) _____ 4) _____

INRODUCTION : I hereby confirm that I know Mr/Mrs./M/s.

Well and I conform his/her/its occupation and address as stated in this application.

Full Name _____

Address _____

Branch _____ Signature _____

Membership No. _____ A/c No./Type of A/c. _____

ATM CARD REQUIRED

Y

N

Primary A/c _____

Secondary A/c can be Saving/Current/overdraft account/cash credit account.

Secondary A/c _____

Secondary A/c _____

ATM Facility is not available for joint accounts where the accounts are operated jointly by all the account holders

Name (to be embossed on

the card

including space not to exceed 19 charecters

ATM CARD DECLARATION

I / We hereby declare that the above information is true and correct. I/we clearly undrstand that all the operations effected through my/our own ATM Card Holders of Dharmvie Sambhaji Bank and/or installed by other bank and permitted to be used by ATM Card Holder of Dharmvir Sambhaji are binding on me/us.I/we have read and understood the terms and conditions governing the network operation of ATM Card and I/We have agreed to the terms and conditions and also agree to abide by any amendmends to the terms/conditions as my be stipulated by Dharmavir Sambhaji Bank from time to time.

I/We understand and undertake that the usage of the ATM Card Shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/We will be lieble for action under Foreign Exchange Managment Act 19999, and the amendents there of. stipulated by the Reserve Bank of India. I/We understand that the bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me us. I/We agree that the bank may debit my account for service charges as applicable from time.I/we accept full responsibility for my lour debit card and agree not to make any claims against. the Dharmavir Sambhaji Urban Co-op.Bank Ltd, Pimpri Chinchwadin respect thereto,

Entered by _____

Verified by _____