

ACCOUNT OPENING FORM FOR INDIVIDUALS

(Current Bank/Recurring Deposit Accounts)

UTKAL GRAMYA BANK

BRANCH



R.F. 38 B.P.

A	FULL NAME (Block Letters)		A/C No.	
B	Date :		20	
C	<p>DEAR SIRs,</p> <p>PLEASE OPEN THE ACCOUNT TICKED (✓) BELOW</p> <p> <input type="checkbox"/> CURRENT ACCOUNT <input type="checkbox"/> SAVING BANK A/C (With Cheque Facility) <input type="checkbox"/> SAVING BANK A/C (Without Cheque Facility) </p> <p> <input type="checkbox"/> RECURRING DEPOSIT ACCOUNT PERIOD MONTHS MONTHLY DEPOSIT RS </p>			
MODE OF OPERATION *(In case of Joint Accounts)				
I/We agree to abide by the Bank's rules relating to Current /A/Cs./Saving Bank/A/Cs./ R.D. A/Cs. Proposed minimum balance Rs.....for current A/Cs./Savings Bank A/Cs.(With Cheque Facility).				
Nomination <input type="checkbox"/> Not Required <input type="checkbox"/> Required Form No. DA 1 furnished on				
DATE OF BIRTH (in case of Minor)*			FOR OFFICE USE (Signature of verifying official)	
SIGNATURE OF APPLICANTS				
A				
B				
C				

- Please indicate a suitable choice VIZ. Either or Survivor ,Former/Later or Survivor etc
- Declaration to be obtained separately

CODE NO. 1002694

P.T.O

FORM DA-1

Nomination under section 45ZA of the Banking Regulation Act. 1949 and Rule 2(1) Banking Companies (nomination) Rules, 1985 in respect of bank deposits



R.F. 38 B.P.

A	FULL NAME (Block Letters)		A/C No.	
I/We _____ (Name and Address)				
Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit ,particulars whereof are given below ,may be returned by _____				
(Name and address of branch/office in which the deposit is held)				
Deposit				
Nature of	Distinguishing No.	Additional details if any		
Witness Signature(s)			Signature of Depositor(s) P.T.O	

UTKAL GRAMYA BANK

BRANCH

Shri/Smt/Kum
Dear Sir/Madam,

DATE _____

NOMINATION FACILITY

We acknowledge receipt of nomination made by you in favour of Shri/Smt/Kum. _____ aged _____ years in respect of your _____ account number _____ on form DA-1(SB/CA/TDR/STDR etc)

Yours Faithfully,

(Branch Manager)

Yours faithfully Signature of Applicant	Nationality	Occupation, Address and Tel. No
A		
B		
C		

INTRODUCTION: Name, Address and Tel.No. Of Introducer _____
 _____ Occupation _____

I know the applicants(s) personally for a period of _____ months/years and confirm his/her/their occupation and address

Introducer is : Staff member, Designation _____ Service _____
 Person well-known to the Bank Staff, particulars _____
 Constituent A/C No. _____

Signature of Introducer _____

For office use: Applicant (s) interviewed by _____ Brief particulars of interview _____

Introducer called at the Bank and signed in the presence of _____

Introducer did not call at the Bank but confirmed the fact of introduction to _____

Particulars of Form DA-(if received) entered in Nomination Register Sr. No. _____ Dt _____

Letter of thanks sent to customer on _____ and acknowledgement received on _____

Letter of thanks sent to introducer on _____ and acknowledgement received on _____

Open	Account Opened	Date-----20-----	No of cheque Book issued
BR.MNGR	LEDG. KEEPER	OFFICER	From _____ To _____

Nominee

Name	Address	Relationship With Depositor If any	Age	If nominee is a minor his date of birth

*2As the nominee is a minor on this date, I/We appoint

Shri/Smt/Kum _____
 (Name, Address and Age)

I to receive the amount of the deposit on 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
Address (es) of witness(es)

Signature(s) Thumb impression(s)
of depositors(s)

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

*Strike out if nominee is not a minor

@ Thumb Impression (S) shall be attested by two witnesses.