



Konark Bank™

THE **Konark** URBAN CO-OP. BANK LTD.
Common Man's Bank

THE Konark URBAN CO-OP BANK LTD.		BRANCH _____
FULL NAME(S) (IN BLOCK LETTERS) 1. _____ 2. _____ 3. _____ 4. _____		OCCUPATION
ADDRESS(OFF FIRST DEPOSITOR)		TELEPHONE
PARTICULARS OF NOMINEE (S)		(FOR MINOR'S A/C ONLY) DATE OF BIRTH ATTAINS MAJORITY ON
I/We hereby request you to open in your books a SAVINGS - ACCOUNT in my/our name (s) for which I/We deposit Initially Rs.		
I / We DECLARE that BANK'S SAVING RULES have been read by me / us and I / We accept them as binding upon me / us.		
ACCOUNT TO BE OPERATED <input type="checkbox"/> Me <input type="checkbox"/> Either / Any one of us / or / BY & BALANCE PAYMENT <input type="checkbox"/> Survivor Jointly to us or Survivor. TO: <input type="checkbox"/>		
INTRODUCTION: I certify that I have known Mr/Mrs _____ M/s. _____ since the past ___ mths/yrs & CONFIRM his/her occupation & address as stated in this application A/c. No. Introducer's Signature	SIGNATURE(S) (SPECIMEN) 1. _____ 2. _____ 3. _____ 4. _____	
VERIFIED Authorised Signatory	DATE	A/C NO.

NOMINATION

I/We wish to nominate the below mentioned persons to receive all balances due or my/our death. Payment to the nominee would constitute a full and valid not - withstanding anything otherwise a will if any submitted.

Name: _____ Age: _____

Address: _____

Place _____ Relationship _____

Date _____

I/We will undergo the rules of governing the A/c's and agree to abide and bound by the same.

Name and address of witness

Signature of Depositor

Sign _____

Date _____