



RAMGARHIA CO-OPERATIVE BANK LTD.

Regd. Office : 1/4, Desh Bandhu Gupta Road, Pahar Ganj, New Delhi-110055

Phone : 23525238, 23532705

SAVINGS BANK ACCOUNT

Account No. _____

APPLICANT(S) FULL NAME (S) (IN BLOCK LETTERS) MR./MRS./MISS

1. _____ 2. _____

3. _____

FATHER'S / HUSBAND'S NAME

OCCUPATION/NATURE OF BUSINESS

ADDRESS (O) / (B)

ADDRESS (R)

TELEPHONE (O) / (R)

EDUCATION

NOMINEE (S) NAME (S)

RELATION ADDRESS

PASSPORT SIZE
PHOTO

(1)

(2)

(3)

DATE OF BIRTH (MINOR'S A/C ONLY)

GUARDIAN TO OPERATE THE A/C.

ADDRESS

RELATION WITH MINOR

Signature of Applicant(s)

The Manager
RAMGARHIA CO-OPERATIVE BANK LTD.

A/c No.
TO BE GIVEN BY BANK

Date _____

I/We hereby request you to open in your books a SAVINGS ACCOUNT in
my/our name(s), for which I/We deposit initially ₹ _____
₹ _____ only)

I/We declare that Bank's Savings Rules have been read by me/us and

I/We accept them as binding upon me/us.

ACCOUNT TO BE OPERATED BY & BALANCE PAYABLE TO :

- Self Jointly (a) Either/or Survivor(s) (b) Former/Latteror Survivor(s)
 Others Pl. Specify (c) Any one or Survivor(s)

I/We also authorise you to close/transfer this account on instruction from me / anyone of us

INTRODUCTION BY EXISTING CUSTOMER
NameA/c No.
I confirm that I am the holder or above account for over
six months. I confirm that Mr./mrs./Ms.
is known to me since last Months/years
and confirm his/her/their Identity/Occupation and
address stated in this application to open the account
Signature of Introducer
A/C No.

1. Specimen Signature(s) of A/c Holder(s)

2. _____
3. _____
(SIGNED IN PRESENCE OF)

VERIFIED

Branch Manager

A/c Office/Asstt. Manager

Approved by