

SETTLEMENT ACCOUNT OPENING FORM



SAVINGS BANK/CURRENT ACCOUNT OPENING FORM (FOR INDIVIDUALS AND JOINT ACCOUNTS)

TO: Bank Mitra Bc

_____ Branch

Dear Sir,

Date: _____

I/We request you to open a Savings Bank/Current Account in my/our name/s in the books of the Bank.

Full Name(In Capital)	Date of Birth	Occupation	Father/Husband Name
1			
2			
3			
4			

<p>Address of the 1st Depositor</p> <p>_____</p> <p>_____</p> <p>_____ PIN <input type="text"/></p> <p>Tel no. (_____ R) _____ (O) _____)</p> <p>_____</p> <p>Email ID _____</p> <p>PAN/GIR NUMBER: _____</p> <p>On attach Form No. 60/61 as per _____</p> <p>Staff No. _____</p> <p>(if employee of the Bank)</p>	<p>Address of other Depositors</p> <p>2. _____</p> <p>_____</p> <p>_____ PIN <input type="text"/></p> <p>_____</p> <p>3. _____</p> <p>_____</p> <p>_____ PIN <input type="text"/></p> <p>4. _____</p> <p>_____</p> <p>_____ PIN <input type="text"/></p> <p>_____</p>
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<p>In case of Minor:</p> <p>Name: _____</p> <p>Date of birth: _____</p>	<p>Name of the Guardian: _____</p> <p>Relationship: _____</p>
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In case of Joint Account:

_____ only

Severally _____ Jointly _____

Account to be operated by

(Please tick appropriate box)

a) I/We enclose copy of the following as proof of address:

Electricity/Telephone bill

ID card of reputed employer

IT Assessment Order

Driving License

Property Tax Paid Receipt

Passport

Voter's ID Card

PAN Card

Other Document/s acceptable to Bank (specify)

b) Nomination Facility: Opted (Please fill up Form DA - 1 on page 3) Not opted

c) **In the event of death of any of us**, the survivor/s or the continuing account holder/s of us shall have full control and be entitled to continue operation of the account or to receive all the monies standing in our account with you:

Opted

Not Opted

d) * I/We do not enjoy any credit facility with any other Bank/Branch of your Bank. I/ We undertake to inform you as and when credit facilities are availed by me/us, with any other Bank/Branch of your Bank.

I/We enjoy credit facility with other Bank/Branch of your Bank, details of which are as under.

Name of the Bank/Branch

Nature of Limit

Amount (Rs.)

e) I/We enclose Specimen Signature card/s

f) Please issue me Cheque Book as per Rules

g) **I/We request you to consider issuing me/us ATM/Debit Card linking it to my/our account/s.

Name to be embossed on ATM Card

I/We hereby confirm that the Rules of Business have been read by me/us and/or explained to me/us. I/We have understood and agreed to be bound by the Bank's Rules and Regulations governing such Accounts from time to time. I/We confirm that I am /we are Indian National/s and resident/s of India. I/We hereby declare that the above information is true and correct. I/We clearly understand that all the operations effected through my/our ATM Card at any of the ATMs/POSEDC machines installed by Canara Bank and /or installed by other banks and permitted to be used by ATM card holders of Canara Bank is/are binding on me/us. I/We do hereby acknowledge the receipt of 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 amendments to the terms and conditions as may be stipulated by the Bank from time to time.

Yours faithfully,

1. _____ 2. _____ 3. _____ 4. _____

(Signature of the Depositors)

<p>INTRODUCTION</p> <p>I know the applicant/s personally for a period of year/s and confirm his/her/their address stated in the application. I recommend that the Bank may consider to open the Account.</p>	<p>FOR OFFICE USE</p> <p>Signed before me</p> <p>Introducer's signature verified</p>
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Photograph of the Depositors

With signature	With signature	With signature	With signature
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1st Depositor

2nd Depositor

3rd Depositor

4th Depositor

[Nomination Form Details](#)