

APPLICATION FORM

To
The Manager,
The Gauhati Co-Operative Urban Bank Ltd.
Chatribari Road, Guwahati-781001
_____ Branch

Progressive No.

Date 20

Dear Sir,

I/We have read and understood the rules of the Bank and deposit herewith in Cash/By Cheque the sum of
Rs. (Rupees)

only which please place in

Fixed Deposit Reinvestment Deposit
 Recurring Deposit Account

Category General Senior Citizen Preferencial Staff

For a period of months, as per following particulars,

I/We declare that the rules of the Bank will be binding on me/us.

1. Name (in full) :
(Block Letters)
2. SO/DO/WO :
3. Nationality :
4. Address :

PAN No.

Pin No. : Phone No. :

5. Occupation :

6. Nominee :

Name	Relation
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7. Date of birth (if Minor) :

8. Name of Guardian :

Name	Relation
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9. The account will be operated

By Single Jointly

10. Amount to be paid on maturity

11. The Amount may be paid on maturity to either or survivor.

Introduced by -
A/C No.

Yours Faithfully

Depositor

For use at Bank :

I have verified the particulars and found in order.
The Account may be opened.

General Manager/Branch Manager
Accountant/Spl. Officer

Name of Signatory	Specimen Signature	Specimen Signature
Name of Nominee	Relationship	Specimen Signature

Signature verified & Accepted

For The Gauhati Co-operative Urban
Bank Limited

General Manager/Branch Manager
Accountant/Spl. Officer

Date :