

Account Opening Form

The Gauhati Co-Operative Urban Bank Ltd.

CHATTRIBARI, K. C. ROAD, GUWAHATI-781 001

To
The Manager
The Gauhati Co-Operative Urban Bank Ltd.
_____ Branch

Date :

Dear Sir,

I/We propose to open a daily deposit account in your Bank My/Our initial deposit Rs. _____ (Rupees _____) only is paid herewith. I/We agree hereby to abide by the Rules of the Bank. Kindly accept the initial deposit and enrol me/us as daily depositor. I/We agree to contribute Rs. _____ (Rupees _____) every day. The deposit on maturity should be paid to me/us or Survivors.

Yours Faithfully

Full Signature of depositor

Name : _____

Father's/Husband Name : _____

Address : _____

Pin No : _____ Phone No. : _____

Name of Nominee : _____

Relation : _____

Special Instructions : _____

A/C will be operated by : _____

Speciment Signature of Account Holder

Introduce by :- (1)

Agent Name :- (2)

Agent Code :- (3)

Account opened _____ A/C No. _____ L/F _____

Collector

Officer

Manager

In case of Firm/business establishment affidavit to proprietor, GMC Trade Licence copy of