



JAIN CO-OPERATIVE BANK LTD.

Branch

SAVING FUND/CURRENT/OD/CCL/FD/RD ACCOUNT

ACCOUNT NO.....

PASSPORT SIZE PHOTO OF APPLICANT 1
--

PASSPORT SIZE PHOTO OF APPLICANT 2
--

Name in Full.....
(in block letter)

S/o D/o W/o Sh.

Address

Mob. No. Ph. No.

PAN No.

Operating Instructions, if any.....

Introducer A/c No.

Name Sign.....

Mob. No. Ph. No.

SPECIMEN	SPECIMEN
Applicant 1	Applicant 2
1.	
2.	
3.	
4.	

VERIFIED ACCOUNTANT / MANAGER

I nominate Sh./Smt. Relationship.....

Signature



JAIN CO-OPERATIVE BANK LTD.

H.O. 80, DARYAGANJ, NEW DELHI-110002

ACCOUNT NO.....

Applicant 1(CUST_ID)

Applicant 2(CUST_ID)

Name

Name

S/o, W/o, D/o.....

S/o, W/o, D/o.....

Date of Birth.....

Date of Birth.....

Occupation.....

Occupation.....

Address.....

Address.....

.....

.....

.....

.....

Signature.....

Signature.....

DATE OF A/C OPENING.....
OPENED BY SIGN.....
VERIFIED BY SIGN.....
MANAGER..... SIGN.....

JAIN CO-OPERATIVE BANK LTD.
H.O. : 80, DARYA GANJ, NEW DELHI-110002

_____ BRANCH

FILE NO.

ACCOUNT

DATE

I/WE REQUEST YOU TO OPEN A CURRENT ACCOUNT WITH YOU FOR WHICH I/WE INITIALLY DEPOSIT
RS. _____ (RUPEES _____)

I / WE HAVE READ BANK RULES AND AGREE TO BE BOUND BY THEM.

PLEASE ISSUE ME / US CHEQUE BOOK.

I / WE DECLARE THAT

I / WE AM / ARE NOT OPERATING ACCOUNT WITH ANY OTHER BANK.

I / WE AM / ARE OPERATING _____ ACCOUNT WITH _____ BANK
_____ BRANCH.

TITLE ACCOUNT

ADDRESS	SPECIMEN INSTRUCTIONS The account will be operated upon by cheques will be drawn by and balance payable to
TELEPHONE NO.	
BUSINESS	
NAME (S)	SPECIMEN SIGNATURE (S)

NOMINATIONS (FOR PERSONAL ACCOUNTS ONLY)

NAME	AGE	ADDRESS FOR FIRST NOMINEE

FOR OFFICE USE	INTRODUCTION
LETTER FOR THANKS SENT ON _____	I certify that have known Mr. / Mrs. M/s _____
INTRODUCER CONTACTED ON _____	Since the past _____ months/yrs. and confirm his/her occupation and address as stated in his application.
VERIFIED	A/c No. _____
Authorised Signatory _____ Case No. _____	
Date A/c Opened _____	(Signature of introducer)

DECLARATION TO BE GIVEN ON THE ANNEXURE
NOTE : SEPARATE SPECIMEN SIGNATURE CARD TO BE OBTAINED .

जैन को०-ऑपरेटिव बैंक लि०

प्रधान कार्यालय : 80, दरियागंज, नई दिल्ली-110002

_____ शाखा

फाईल सं०

खाता सं०

दिनांक

मैं/हम आपके पास एक चालू खाता खोलने का अनुरोध करता हूँ/करते हैं, जिसके लिए मैं/हम प्रारंभ में रू०

(रूपये _____) जमा कर रहा हूँ/रहे है।

मैंने/हमने बैंक के नियमों को पढ़ लिया है, मैं/हम उनसे आबद्ध रहना स्वीकार करता हूँ/करते हैं।

कृपया मुझे/हमें चैक बुक जारी करो।

मैं/हम घोषणा करता हूँ/करते हैं कि

मेरा/हमारा किसी अन्य बैंक में चालू खाता नहीं है/हैं।

मेरा/हमारा _____ बैंक _____ शाखा में _____ खाता है।

खाते का शीर्षक

पता	विशेष अनुदेश
	खाते व परिचलन, चैकों का अहरण निम्नलिखित द्वारा किया जायेगा और शेष राशि उन्हें देय होगी।
टेलीफोन नं०	
कारोबार	
नाम	नमूना हस्ताक्षर

नामांकन (केवल व्यक्तिगत खातों के लिए)

नाम	उम्र	प्रथम नामित व्यक्ति का पता
कार्यालय के प्रयोग के लिए		परिचय
धन्यवाद पत्र दिनांक _____ को भेजा		मैं प्रमाणित करता हूँ कि श्री/श्रीमती/मैसर्स _____
परिचयदाता से दिनांक _____ को संपर्क किया		को मैं पिछले _____ महीनों/वर्षों से जानता हूँ।
सत्यापित		और इस आवेदन पत्र में बताये गये उनके व्यवसाय तथा पते की पुष्टि करता हूँ।
प्राधिकृत हस्ताक्षरकर्ता _____ कोड नं० _____		खाता सं०
खाता खोलने की तारीख _____		(परिचयदाता के हस्ताक्षर)

घोषणा अनुलग्नक में दी जानी चाहिए
नोट : अलग से नमूना हस्ताक्षर कार्ड प्राप्त किया जाना चाहिए।

(Applicable to Sole Proprietorship Firms)

The Chairman,
The Jain Co-operative Bank Ltd.
80, Darya Ganj,
New Delhi-110002

Dear Sir,

As that firm of
..... carrying on
business of at
..... (Principal place of
..... business)
..... Other places of
..... business, if any

desirous to have dealings with the Jain Co-operative Bank Ltd., there in after referred to as 'the bank'. I hereby inform you that I am the sole proprietor of the said firm and that as such I have unrestricted authority to sign on behalf of my firm to bind the firm.

2. I am personally responsible for all the liabilities of my firm to the bank. Consequently, the bank may recover its claims against the firm existing at any point of time as the those which may arise subsequently from my estate/estate of the joint family of which I may be a member.

3. In undertake that whatever any charge occurs in the constitution of my firm I shall inform the bank in writing immediately and my personal responsibility as well as that of any estate to the bank will continue untill receive from the bank an acknowledgment of the change in the constitution of my firm and untill all my liabilities to the bank prior to the aforesaid charge are fully discharged.

4. I also undertake that all acts of my firm done as well as acts propositing to have been done on behalf of the firm before the bank shall have received notice of any change in the constitution of the firms shall be bindings on the firm on me and also on my estate until all the liabilities of the firm in respect of such acts shall have been full discharged.

Yours faithfully

1. Full Name
2. Son/daughter/wife of
3. Occupation.....
4. Age.....
5. Address with telephone number
6. Individual Signature
7. Signature on behalf on the firm