



THE MULLAKKODI CO - OPERATIVE RURAL BANK LTD: No.F. 1230

H. O. KOLACHERRY MUKKU
P. O. KOLACHERRY
KANNUR DIST. KERALA PIN - 670 601
Phone : 0460 2240259, 2244959
email : mullakkodi@bsnl.in

Branch:

ACCOUNT OPENING FORM

..... DEPOSIT

A/C No.

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Name

Address.....

.....

Place.....

Date.....

To

The Branch Manager
Mullakkodi Co - operative Rural Bank
Branch :

Photo

Dear Sir,

I / We request you to open an account as per details furnished below

1. Name and address of Applicant

	A	B In case of joint account
M. No.		
Name		
Father Name		
Mother Name		
Husband Name		
Address		
Pin Code		
Phone . No.	Mob:	
Age & Date of Birth		
Occupation		
Election ID / Aadhar No.		
PAN Number		

In case of minor's Account

Name of Guardian	
Relationship	

2. Details of Remittance for Opening of Account

SB	FD/CC	RD/GD
Initial Deposit	Deposit Amount	Monthly Instalment
₹.....	₹.....	₹.....
(Rupees.....)	(Rupees.....)	(Rupees.....)
.....)))
Interest rate.....% per annummm / yy Interest rate.....% per annum	Period..... month Interest rate.....% per annum

Repayable with interest to*	Monthly / Quarterly/.....
	interest due on this deposit may be
	credited to my / our Current / Savings
	Bank A/c No. with you

I/ We do hereby agree to obey all the existing and future rules and bye laws of the bank regarding deposit. And also agree that no claim will be made by me/us for any interest on the deposit for any period after the due date, if we fail to present the receipt to the Bank for its repayment on the due date

Signature of applicant (A)

Signature of applicant (B)

3. Specimen Signature

Applicant A	Applicant B
1	1
2	2
3	3

* Fill up here as, the Depositor, either or survivor of the depositor's former or survivor of the depositors, any of the depositors, all of the depositor jointly, or other special condition for repayment as may be required.

I know the applicant for this account personally since
and confirm his/her/their address stated in the applicant

Name M.No./Account No.

Signature

In case of Bank staff

Name Designation..... Signature

Clerk

Manager

THE MULLAKKODI CO - OPERATIVE RURAL BANK LTD: No. F. 1230

H. O. KOLACHERRY MUKKU P. O. KOLACHERRY

FORM DA 1

Nomination under section 35 ZA read with section 56 of the Banking regulation Act. 1949 and Rule 2(1) of the Co-operative Bank (Nomination Rule, 1985) in respect of the bank deposits

I / We
(Name & address of the customer) Nominate the following person to whom in the event of my/our/ minors death, the amount of the deposit particulars where are given below, may be returned by The Mullakkodi Co - operative Rural Bank LTD: No. F.1230

Deposit

Nature of deposit	Distinguishing No.	Additional details If any

Nominee

Name	Address	Relationship with Depositor if any	Age	If nominee is a minor his/her date of birth

As the nominee is a minor on the date, I/We appoint Sri/Smt./Kumari
..... (name, address & age)
to receive the amount of the deposit on behalf of the nominee in the event of my minor's death during the minority of the nominee.

Signature's of Depositors

Names, signature's and

address of witnesses

Clerk

Manager