



THE A.P. MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O. : Hyderabad

(Multi-State Scheduled Bank)

ACCOUNT OPENING FORM

To
The Branch Manager,
The A.P. Mahesh Co-op. Urban Bank Ltd.

Branch : _____

Date : _____

1. Account No.

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(SB/CA/RD/TD/ _____)

2. I/We wish to open my / our account as per details below :

Please (✓) type of account required :

Savings Account	Current Account	Term Deposit Account	Details of Term Deposit
<input type="checkbox"/> Savings with Cheque Book	<input type="checkbox"/> Normal	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Amount ₹ _____
<input type="checkbox"/> Savings without Cheque Book	<input type="checkbox"/> Others	<input type="checkbox"/> Mahesh Multiplier Deposit	<input type="checkbox"/> Monthly Installment in case of RD / MMN _____
<input type="checkbox"/> Basic Savings Bank Deposit Account	<input type="checkbox"/> Normal with ABB Facility	<input type="checkbox"/> Mahesh Automatic Renewal Scheme	<input type="checkbox"/> Period: _____
<input type="checkbox"/> Savings NRE Account	<input type="checkbox"/> Overdraft / CC	<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Rate of Int. _____
<input type="checkbox"/> Others		<input type="checkbox"/> Mahesh Lakhpati Yojana	<input type="checkbox"/> Interest Payment Mode Cash / Trf / PO
<input type="checkbox"/> Savings Bank with ABB Facility		<input type="checkbox"/> Mahesh Cash Certificate	<input type="checkbox"/> In case of Transfer A/c No. _____
		<input type="checkbox"/> Mahesh Mangal Nidhi	<input type="checkbox"/> Repayment Mode Cash / Trf / PO
		<input type="checkbox"/> Mahesh Tax Saver Fixed Deposit & Mahesh Tax Saver Multiplier Deposit Scheme	<input type="checkbox"/> In case Transfer A/c No. _____
		<input type="checkbox"/> Flexi Deposit	
		<input type="checkbox"/> Others	

Full Name (In Block Letters)

Occupation

Date of Birth

PAN No.

A. _____

S/o, D/o, W/o _____

B. _____

S/o, D/o, W/o _____

C. _____

S/o, D/o, W/o _____

D. _____

S/o, D/o, W/o _____

If PAN No. is not available, please, fill Form 60.

3. Whether a share holding Member of our Bank, if so, Type of Membership: A / B Class Membership No.: _____

EXISTING CUSTOMER

IF YES, CUSTOMER NO.

BRANCH

A. YES NO _____

B. YES NO _____

C. YES NO _____

D. YES NO _____

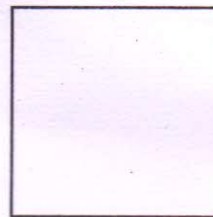
4. Photographs of all persons opening the account :

A

B

C

D



Name :

Name :

Name :

Name :

5. CUSTOMER CATEGORY :

- INDIVIDUAL SOLE PROPRIETORSHIP PARTNERSHIP
 PRIVATE/PUBLIC LTD. STATUTORY BODY HUF TRUST / ASSO. / SOC. / CLUBS
 OTHERS: Please specify

6. IN CASE OF MINOR'S ACCOUNT :

Name of Parent / Natural Guardian : _____

I hereby declare that the date of birth of the above mentioned minor who is my _____ and I am his / her natural and lawful guardian / guardian appointed by court order dated _____ (Copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I undertake to indemnify The A.P. Mahesh Co-op. Urban Bank Ltd. against the claim of the above minor for any transactions made by me in his / her account.



Signature of Guardian

ADDRESS WITH TELE / FAX / MOBILE NOS. ETC. OF INDIVIDUALS / PROPRIETOR / PARTNERS / DIRECTORS	
PLACE OF WORK	RESIDENCE
A Phone No. Fax No.	 Phone No. Mobile No.
B Phone No. Fax No.	 Phone No. Mobile No.
C Phone No. Fax No.	 Phone No. Mobile No.
D Phone No. Fax No.	 Phone No. Mobile No.

FOREIGN ADDRESS: _____

Passport No.: _____ Expiry Date of Passport: _____ Place of Issue: _____

E-mail Id: _____

8. Address / Photo Identity verification document details :

1.	Passport	[]	7	Credit Card Statement (latest)	[]
2.	Election ID Card	[]	8	Ration Card	[]
3.	PAN Card	[]	9	Income/Wealth tax assessment order (latest)	[]
4.	Govt. Defence ID Card	[]	10	Electricity Bill	[]
5.	ID Cards of reputed employers	[]	11	Telephone Bill	[]
6.	Driving Licence	[]	12	Others, Please specify	

9. INTRODUCED BY : Account Holder / Staff / Known Person

If introducer is account holder, please furnish following details :

Account type _____ Number _____ Branch _____


INTRODUCER'S FULL NAME : _____

ADDRESS _____


_____ PIN _____

Emp. No. _____ (In case introduced by Staff)

"I certify that I have known Mr / Mrs / Miss _____ for the last _____
Months / years and confirm his / her / their occupation and address stated in his / her / their application to open the account.



(Signature of Introducer)



(Verifying Officer)


10. MODE OF OPERATION :

11. MULTICITY CHEQUE BOOK: REQUIRED [] NOT REQUIRED []

12. DECLARATION :

I / We agree to comply with the rules of the Bank in force from time to time governing the conduct of the account and agree to be bound by them. I / We also understand and agree that the "Bank reserves its rights to take steps to get the account closed, if frequent return of Cheques for want of funds is observed".

Date :


Applicant's Signature

- 1.
- 2.
- 3.
- 4.

13. NOMINATION :

Nominee Information

Name	Age	Sex	Relation	If nominee is a minor, his/her date of birth	Address

As the nominee is a minor on this date, I / We appoint,

Shri / Smt / Kum. _____
(Name and Address)

to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Place :

Date :



Signature(s) / Thumb Impression(s) of Depositors(s)

14. AUTHORISED SIGNATORIES DETAIL :

Customer No.	Name of the Authorized Signatory/s	Signature/s

Special Instructions, if any : _____

Relationship Officer (Staff who marketed the customer) : _____

SPECIMEN SIGNATURE

1. Name :

Customer No.

2. Name :

Customer No.

3. Name :

Customer No.

4. Name :

Customer No.

