



**Vima Kamgar
Co-operative Bank Ltd.**
विमा कामगार
को-ऑपरेटिव्ह बँक लिमिटेड

SAVINGS

ACCOUNT OPENING

To,
The Managing Director
Vima Kamgar Co-Operative Bank Ltd.
Yogakshema, Mumbai - 400 021
Tel: 65730721 to 27 Fax : 22027518
E-mail : vimabank@rediffmail.com

PHOTO

PHOTO

S.B. ACCOUNT NUMBER	DATE
MEMBER	NONMEMBER

Dear Sir,

Please open a **SAVING BANK ACCOUNT** in My name Our names in the books of the bank for Credit of which I/We hand to you **Rs.** I/We agree to comply with and be bound by the Bank's Rules, for the time being in force conduct of such account.

FOR JOINT A/C HOLDERS

We the under signed have deposited **Rs.** in our joint names and the said account shall be maintained by us, if one of us dies before the other, the surviving person entitled to get the balance then lying in the account with the Bank, it is our intention that in the event of death of either of us, the only person who shall be entitled to the balance in the above account shall be the survivor and no other heir or legal representative of the deceased shall be entitled to claim any right in the said account adverse to the survivor / survivors. The above amount belongs to us jointly and no other person has any interest whatsoever therein."

Be good enough to furnish a Pass Book, Cheque Book and note my/our signatures as under :

SURNAME	NAME	MIDDLE NAME	SIGNATURE	I. D. No.
SURNAME	NAME	MIDDLE NAME	SIGNATURE	I. D. No.
SURNAME	NAME	MIDDLE NAME	SIGNATURE	I. D. No.

ADDRESS : OFFICE

OFFICE NAME :

Dept. SR. No.

MEM. No.

TELEPHONE No.: EXTN. No.

MOBILE NO. :

ADDRESS : RESIDENCE

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TELEPHONE :

MOBILE NO. :

- A Savings Bank Account opened. A/C No.
 - A Pass Book Issued Dated
 - Cheque Book Issued Dated
- leaves from to

PAN NO.

INTRODUCED BY : TO BE INTRODUCED BY ANY SAVING BANK A/C HOLDER

I / We introduce
(Full Name)
Signature
S.B. A/c No.
I. D. No.

JUNIOR OFFICER / MANAGING DIRECTOR / ACCOUNTANT

FORM DA - I

(U/S. 45 ZA and 56 of B. R. Act 1949 and rule 2 (1) of the Co-op. Banks
[nomination] rules 1985 in respect of Deposits

I/We _____ residing
at _____

_____ do hereby nominate the following person/s to whom in the
event of my / our / minor's death, the amount of deposit/s, particulars where of are given below
may be returned by Vima Kamgar Co-op. Bank Ltd., _____ Branch
in which the deposit/s is/are held.

- | | |
|---|----------------------|
| 1) Type of Deposits | _____ |
| | _____ |
| | _____ |
| 2) Distinguishing Nos. | _____ |
| | _____ |
| | _____ |
| 3) Name of Nominee and
his / her address | _____ I.D. No. _____ |
| | _____ |
| | _____ |
| 4) Date of Birth | _____ |
| 5) Relationship with
Depositor, if any | _____ |
| | _____ |
| | _____ |
| 6) Nominee Date of Birth | _____ |
| | _____ |
| 7) Date of Birth,
If Nominee is a Minor | _____ |

As the nominee is a minor on this date, I/We appoint Shri. / Smt. / Kumari _____
_____ to receive the amount of deposit on behalf of the nominee
in the event of my / our / minor's death during the minority of the nominee.

Place : _____

Date : _____

Signature of Depositor / s

WITNESS : In case of Thumb Impression of Depositor (Two Witnesses)

- | | | |
|---------------------------|---|-------|
| 1) Name of the Witness | : | _____ |
| 2) Signature of Witness | : | _____ |
| 3) Address of the Witness | : | _____ |
| | | _____ |
| 1) Name of the Witness | : | _____ |
| 2) Signature of Witness | : | _____ |
| 3) Address of the Witness | : | _____ |
| | | _____ |

