



SETTLEMENT ACCOUNT OPENING FORM

NF 101

SAVINGS BANK/CURRENT ACCOUNT OPENING FORM (FOR INDIVIDUALS AND JOINT ACCOUNTS)

To,
BANK MITRA BC

Branch

A/C NO.	
Customer ID	

Dear Sir,

Date:

I/We request you to open a Savings Bank/Current Account in my/our name/s in the books of the Bank.

Name in full (in capitals)	Date of Birth	Occupation	Father's/Husband's Name
1.			
2.			
3.			
4.			
5.			
6.			

Address of the 1st DepositorPin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address of other Depositors 2. Pin code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. Pin code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. Pin code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel. No: (R) (O)..... E-Mail ID: PAN/GIR NUMBER: On attach Form No. 60/61 as per IT rules Staff No..... (if employee of the Bank)	

In case of Minor:	
Name:	Name of the Guardian:
Date of birth:	Relationship:

In case of Joint Account:	
Account to be operated byOnly	
<input type="checkbox"/> Severally	<input type="checkbox"/> Jointly

(Please tick appropriate box)

- a) I/We enclose copy of the following as proof of address:
- Electricity/Telephone bill ID Card of reputed employer Property Tax Paid Receipt

IT Assessment Order Driving Licence Passport
 Voter's ID Card PAN Card

Other Document(s) acceptable to bank (specify).....

b) Nomination facility: Opted (Please fill up Form DA-1 on page 3) Not opted

e) **In the event of any of us**, the survivor(s) or the continuing account holder(s) of us shall have full control and be entitled to continue operation of the account or to be receive all the monies standing in or account with you:

Opted Not opted

d)* I/We do not enjoy any credit facility with any other Bank/Branch of your Bank.I/We undertake to inform you as and when credit facilities are availed by me/us, with any other Bank/Branch of you Bank.

I/We enjoy credit facility with other Bank/Branch of your Bank, Details of which are as under.

Name of the Bank/Branch	Nature of Limit	Amount (Rs.)
.....

e) I/We enclose Specimen Signature card(s)

f) Please issue me cheque Book as per Rules.

g)**I/We request you to consider issuing me/us ATM/Debit Card linking it to my/our account(s).

Name to be embossed on ATM card																			
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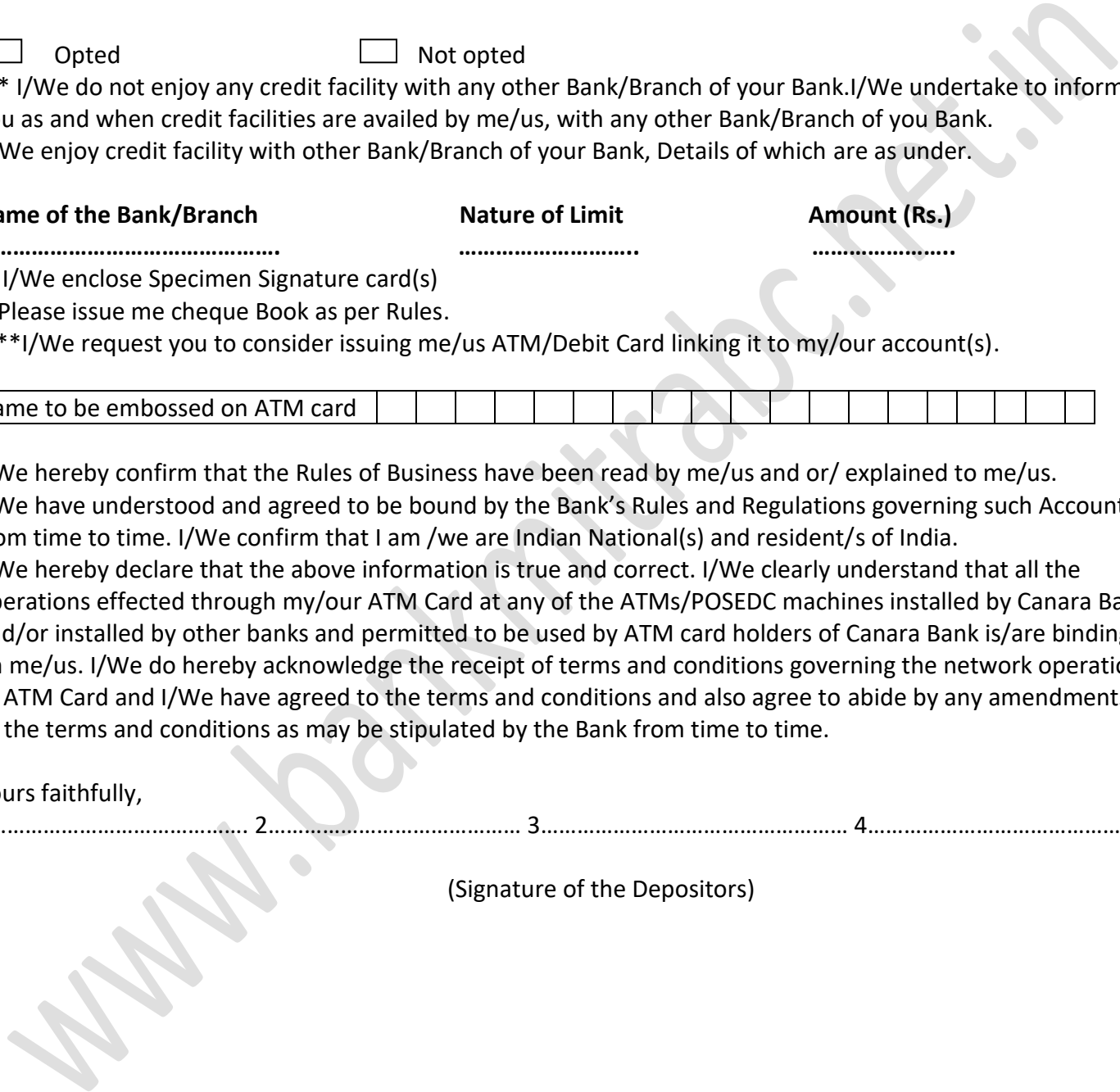
I/We hereby confirm that the Rules of Business have been read by me/us and or/ explained to me/us. I/We have understood and agreed to be bound by the Bank's Rules and Regulations governing such Accounts from time to time. I/We confirm that I am /we are Indian National(s) and resident/s of India.

I/We hereby declare that the above information is true and correct. I/We clearly understand that all the operations effected through my/our ATM Card at any of the ATMs/POSEDC machines installed by Canara Bank and/or installed by other banks and permitted to be used by ATM card holders of Canara Bank is/are binding on me/us. I/We do hereby acknowledge the receipt of terms and conditions governing the network operation of ATM Card and I/We have agreed to the terms and conditions and also agree to abide by any amendments to the terms and conditions as may be stipulated by the Bank from time to time.

Yours faithfully,

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

(Signature of the Depositors)



NF 154 Sent on

INTRODUCTION I know the applicant/s personally for a period of.....years/s and confirm his/her/ their address stated in the application. I recommend that the Bank may consider to open the Account. Name: Address: Pin code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> A/C No. <input type="text"/> Signature of Introducer	FOR OFFICE USE Signed before me Introducer's signature verified Supervisor SP/Staff No. <input type="text"/> PERMITTED TO OPEN ACCOUNT Manager/Sr.Manager Date:
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*Applicable to current account only.
**if it is a Joint Account with operations joint, ATM card cannot be issued.

Photograph/s of the Depositors

With Signature	With Signature	With Signature	With Signature
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1st Depositor 2nd Depositor 3rd Depositor 4th Depositor