NAGARIK SAMABAY BANK LIMITED

Guwahati, Assam COMMON APPLICATION FORM

The Branch Manager	Date :	
Nagarik Samabay Bank Ltd.		A Property of the
Branch		
Customer Name :		
Customer ID (UCIC) :		
Account Number :		
I/ We wish to update Contact In Mobile No. & Sms Alerts Registration	ormation (Tick where applica	ble)
Land Line No		
Email Id Reg		
Address:	 	
Tituless .		
State		Pin
	IM cum Debit Card.	
I/ We request you kindly to issue a ATM Cum Debit Car	A STANDARD WITH SECTION AND A STANDARD WAS A STANDARD WITH SECTION AND A STANDARD WAS A STANDARD WITH SECTION AND A STANDARD WAS A STANDARD W	
New Card Replacement Card Insta c		
	bit Card Block/ Surrender	
I/ We request you kindly to block my ATM Card as it wa	THE RESERVE OF THE PARTY OF THE	
I/ We want to surrender my/our ATM cum Debit Card.		
ATM Card No		0
the state of the s	olicate Pass Book	
I/ We request you kindly to issue a duplicate pass book a		t/ damaged.
	nt of Cheques	
I/We request you to stop payment against the following	MINISTER OF STREET STREET, STR	eaf
Cheque No Starting From	Cheque No upto	
Cheque No 1 Cheque No 2	Ch N	No 3
Cheque No 4 Cheque No 5	Ch N	
Note: Once a cheque is stopped it can't be used or can be		
THE RESIDENCE OF THE PROPERTY	rom Customer	· 336 3 5 5 7 2 3
I/We declare that the above information is true and correct. I		
this Debit Card at any of the ATMs/PoS/Ecom are binding o		
the use of the facilities of the bank and agree to the terms/co		
stipulated by the Bank from time to time. *Signatures (in cas	e of joint accounts operated by a	anyone or Survivor, all
account holders are to sign the application)		
Signature of First Holder		a la company monder
Office	ise only	
Received application from (Cust Name & A/C No)	8 1194 A 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
For the purpose of		- Carlotte and the second of t
On dated and Time		
	The state of the co	Sign Manager

COMMON APPLICATION FORM

Request for Issue of Cheque Book I/ We request you kindly to issue a Cheque Book as I/We have lost the Cheque Requisition Slip.																			
	I/ We request you kin	ndly to	issue a	Chequ	ie Bool	as I/	We ha	ave lo	st the	Chec	que F	Lequis	ition	Slip		1000	THE REAL PROPERTY.	Market .	HIESE.
	No of Cheque Leaf (Mentio	n in Nu	ımber (of Leav	res)	1	- 1											
Request for change/ addition of Nomince																			
	I/We request you to	o chang	e nomir	nee aga	inst my	our a	c no	-		+	\vdash		-		_	+	-	\vdash	-
	Nominee name		-			+	+	+		+	\vdash	_	+	\vdash	-	+	+	-	-
	Relatioship				\vdash	1	_	_	-	+	\vdash	_	+		-	+	+		-
	DoB/ Age				-	-	+	-		+	\vdash	-	+	\vdash	-	-	+		-
	Address		\rightarrow		-	+	+	+	-	+	\vdash	+	+		+	+	+		
					-	+	-	-		+	\vdash	+	+	\vdash	-	+	+		-
	1, 30							_			\Box								\vdash
	Percentage of Share				P-MOUS				CI	No.			- 4						
	经有支持 医阴道性				Reque	st for	Acc	unt	Closu	re				275 %					000
	I/We request you to c					-	l.	1		in a	thon	hanles				200			
3	as I/ We am/ are		Shifting		r place		Н	ave a	ccoun	t in o	mei	Danks	1016	8442			7	9 00	
	Other Reasons (I	Please s	specify)					c b l	1	E 18 18			2.70			S YE	20	
			opied.		Reques			ton	noi	der			3/45 Tel						Section 1
	I/We request you t	o chang	ge nomi	nee aga	unst my	T T	c no	+	\vdash	+	-	+	+	-	\vdash	+	+		\vdash
	Holder Name	++		+	++	+		+					\pm						
	DoB/ Age															_	_	_	
Septime 1	Address	1 700												_		+	-	_	
						100										-			
	State on the same	3	- 1																L
	Mode of operation (Pls Spe	cify)		. The second	Med.	and the same	To a land							-		-		Der 1000
Mobile App Registration (View only -version android)																			
	I/We request you allow me/ us to register android application of the bank.																		
	Mobile No		15.														* Turk		
							Note							de la					
No	ote: 1 The requests	will be	e proce	ssed w	ithin 7	worki	ng da	ys af	ter rec	eipt o	of thi	s app	licati	on.				,	
	2 The custmer	will be	solely	/ jointl	y respo	nsible	e for o	lecla	rations	mad	e on	this f	orm						18-1
	3 In case of an	y mista	ke the	same s	houl be	repo	rted t	o bra	nch w	thin	2 wo	rking	days	of a	pplica	ition			
							100												
Ar	ny other request pleas	e write:					. 15								¥ .			. ,	
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300	We declare that the ab	ONIO LINE	o remotiv	on ic tr	Decla	ratio	n Fro	m C	ustom	er nder	stanc	that	all or	erat	ions e	Hec	ed th	roug	gh
1/ V	is Debit Card at any o	f the A	TMe/P	oS/Fco	m are l	oindin	gon	me/u	s. I/W	hav	e rea	d the	terms	and	cond	ition	is go	vern	ing
the	e use of the facilities	of the h	ank and	d agree	to the	terms	/cond	ition	s and a	ilso a	gree	to ab	de b	y any	y ame	ndm	ents		
eti	ipulated by the Bank f	rom tir	ne to ti	me. *S	ignatur	es (in	case	of jo	int acc	ounts	ope	rated	by ar	iyon	e or S	urvi	vor, a	ıll	
30	ecount holders are to s	ion the	applica	ation)				,											
ac	count norders are to s	1811	PF	,	T			1							*/				
	 Signature of I 	first 14,	-1011																
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_	Received application fr	om (Cu	st Name	e & A/((NO.)			-		_		_							-
	For the purpose of					-	9-1		-					Т	_		-		
(On dated and Time			-	7		-	-	-	Sign	of O	Hicer			S12	n Ma	шарс		
					10 %														