



# NAGARIK SAMABAY BANK LIMITED

## Guwahati, Assam

### ACCOUNT OPENING FORM

(Application cum specimen Signature Card)

The Branch Manager  
Nagarik Samabay Bank Ltd.

Date:.....

.....Branch

I/We request you to open a

<input type="checkbox"/> Savings Bank Account	<input type="checkbox"/> No Frills Savings Account	<input type="checkbox"/> Current Deposit
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Others....

Under.....Deposit scheme.

#### For Savings/ No Frills/ Current Deposits.

With initially Deposit Rs.....(Rupees.....)only by

Cash Cheque . Cheque No

#### For Fixed Deposits

With initially Deposit Rs.....(Rupees.....)only for  
.....years.....months.....days with interest pay out on monthly/  quarterly / on maturity to be  
credited to the account number..... and with auto renewal/ without auto renewal basis.

#### For recurring deposits

With Rs..... (Rupees.....)only per month for .....years/ months.

#### Facilities Required

ATM cum Debit Card

SMS Alerts If yes Mobile No:

Statement Req'd. Monthly/ Quarterly /Yearly

other(pls specify)

#### Details of the 1<sup>st</sup> Applicant

Name :

Address :

PO:

PS:

Pin Code:

Date of Birth :

Sex : Male/ Female/ Others

Marital Status : Married/ Unmarried

Occupation :

Email ID :

Mobile No :

Phone No :

#### Details of the 2<sup>nd</sup> Applicant

Name :

Address :

PO:

PS:

Pin Code:

Date of Birth :

Sex : Male/ Female/ Others

Marital Status : Married/ Unmarried

Occupation :

Email ID :

Mobile No :

Phone No :

**Details of the 3<sup>rd</sup> Applicant**

Name :  
Address :  
PO: PS: Pin Code:  
Date of Birth : Sex :  Male/  Female/  Others Marital Status :  Married/  Unmarried  
Occupation : Email ID :  
Mobile No : Phone No :

**Mode of operation**

By Self  jointly by us  by Guardian on behalf of Minor  
 By former or Survivor  Either/any one of us or survivors  other(pls specify)

Photo of 1 <sup>st</sup> Applicant	Photo of 2 <sup>nd</sup> Applicant	Photo of 3 <sup>rd</sup> Applicant
Signature of 1 <sup>st</sup> Applicant	Signature of 2 <sup>nd</sup> Applicant	Signature of 3 <sup>rd</sup> Applicant

**Form DA-1**

Nomination under Section 45ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking (Nomination) Rules 1985 in respect of Bank Deposit I/ We..... nominate the following person(s) to whom in the event of my/ our/ minor's death the amount of deposit in the above cited Account, may be returned by Nagarik Samabay Bank Ltd.....Branch.

**Particulars of Nominee**

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

#As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.....(Name, Address and Age) 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 of the Applicant (s)**

**I/We hereby declare that the above mentioned information are true to the best of my knowledge and also I/We declare to abide by the rules and regulations of the bank relating to the conduct of the above accounts / services/ products /Fee & charges.**

**Signature of the Applicant (s)**

**For office use**

KYC Risk rating  Low Risk/  Medium Risk  High Risk

**I/We have verified the documents submitted and confirm that KYC Norms are fully complied with. Account may be opened**

Authorized Signatory

Branch Manager