



# The Comptroller's Office Co-operative Bank Ltd.

(A BANK OF LIC EMPLOYEES')

No. 209, "MAHALAKSHMI", Cubbonpet Main Road, Bangalore-560002

Phone : 22216820/22278462 E-mail :cocb1916@gmail.com

Branch : 163/1, Ramavilas Road, Above Bangalore Press, K.R. Mohalla, Mysore - 570024

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ESTD: 1916

## APPLICATION FORM FOR OPENING SURAKSHA DEPOSIT FIXED DEPOSIT / RECURRING DEPOSIT

Member  
Non Member

**TDS WILL BE RECOVERED AS PER IT RULES**

Photograph

To  
The Manager

The Comptroller's Office Co-operative Bank Ltd., Bangalore. 2 / Mysore-24

I/We request you to open a Suraksha/ Recurring / Fixed Deposit in my / our name in your Bank.

I/ We have read the bye -laws & Rules of the Bank relating to the deposits and agree to abide by them.

1.	APPLICANT'S NAME IN FULL (in Capital Letters)	
2.	DATE OF BIRTH	
3.	PAN Number	
4.	AADHAR Number (Optional) or Driving License No.	
5.	Occupation, SR No. & Branch	
6.	Residential Address (Full Address to be given)	
7.	Telephone Number	Mobile : _____ Land Line : _____
9.	E Mail	
10.	Nature of Deposit	Fixed <input type="checkbox"/> Recurring <input type="checkbox"/> Suraksha <input type="checkbox"/>
	Period of Deposit	
	Amount of Deposit	
	Mode of Operation	Single <input type="checkbox"/> Jointly <input type="checkbox"/> Jointly or Severally <input type="checkbox"/>
	Monthly Subscription (For Recurring Deposit Only)	
11.	Nomination u/s 45 ZA of the Banking Regulation Act, 1949 & Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits	
	Nominee Details	
	Name:	
	Address:	
	Relationship:	
	Age:	
	If the nominee is minor* as on date, I/we appoint:	
	Name of the Appointee	
	Relationship with minor	
	Age and Date of Birth of the Minor	
12	Initial Deposit paid Rs. _____	By Cash/ Salary Recovery/ Transfer
13	Special Instruction for crediting mly/Qly. Int.	SB a/c No. _____
14	on FD (SB A/c No. _____ ) Name of the Bank & Branch	Bank _____ Branch _____
	INTRODUCED BY	
	Name _____	1. _____
	SB a/c No. _____	2. _____
	Signature _____	
	Address _____	
	Date: _____	Signature of Applicant/s Place: _____

### FOR OFFICE USE ONLY

Rs. \_\_\_\_\_ Transferred from \_\_\_\_\_

to \_\_\_\_\_ A/c by TRF/CHEQUE Ref No. \_\_\_\_\_

Client No.

Deposit No.

Nomination Registered yes/No

Clerk's Initials

Chief Manager/Accounts Manager

Date:

Date: