





**INTRODUCTION  
DETAILS**

INTRODUCER'S NAME .....	BANKERS VERIFICATION (If Applicant is known to the Bank)
.....	NAME OF OFFICIAL .....
ADDRESS .....	DESIGNATION.....
.....	.....
A/C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....	.....
(SIGNATURE)	(SIGNATURE)

**MODE  
OF  
OPERATION**

SINGLE       JOINT       EITHER OR SURVIVOR  
 ANY OTHER  
 (Specify) \_\_\_\_\_

**PASSBOOK  
OR  
STATEMENT**

PASSBOOK  
 STATEMENT OF ACCOUNT             MONTHLY       QUARTERLY  
       ANY OTHER FREQUENCY (Specify) \_\_\_\_\_  
 BY MAIL       COURIER  
 WILL BE COLLECTED PERSONALLY

**ATM CARD**

**Not available for 'Minor's Account' and account operated by 'Joint Signatories'**

Required (if so, please sign a separate application form) other Account (s) to be operated using the card Account No.  
 Not required

**NOMINATION**

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of Bank Deposits.

I/We named overleaf nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit covered by this account may be returned by **THE BUSINESS CO-OP. BANK LTD.**, Nasik Road.

Nominee	Relationship	Age
NAME .....		
ADDRESS .....		
.....		

As the nominee is a minor on this date, \_\_\_\_\_ will 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.

<b>WITNESS : NAME</b> .....	DATE <input type="text"/> <input type="text"/> <input type="text"/>
ADDRESS .....	
..... DATE <input type="text"/> <input type="text"/> <input type="text"/>	<b>SIGNATURE</b>

**DECLARATION**

- I/We request THE BUSINESS CO-OP. BANK LTD. to open an account in my/our name(s) .
- I/We agree to abide by the Bank's rules relating to the account(s).
- I/We authorise the Bank to debit my/our account with the prescribed service charges, cheque book charges, etc. As applied from time to time.

**SIGNATURES**

CUSTOMER NAME(S)	SIGNATURE(S)
1. ....	
2. ....	
3. ....	

**ADDITIONAL  
INFORMATION**

Customer Account No.

Passport No./Driving Licence No. / Ration Card No./other (Please specify)	Do you hold any credit cards ? (Please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Details of other Banks used :**

Bank / Branch	Account Number
1. ....	.....
2. ....	.....

<b>Marital Status :</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced / Separated	<b>Education :</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) <input type="checkbox"/> Other (Specify)
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**Number of Children :** \_\_\_\_\_

**(Please tell us how you decide) to open an account with THE BUSINESS CO-OP. BANK LTD.**

<input type="checkbox"/> Recommended by family / Friends <input type="checkbox"/> Responce to an advertisement <input type="checkbox"/> Press <input type="checkbox"/> Hoardings <input type="checkbox"/> Recommended by Director <input type="checkbox"/> Employer's Bank for salary payment <input type="checkbox"/> Response from Employee	<input type="checkbox"/> Affiliation with Bank. <input type="checkbox"/> Convernient Location. <input type="checkbox"/> Close to Office <input type="checkbox"/> Close to Residence <input type="checkbox"/> Approached by <b>The Business Bank</b> Representative / Telemarketing unit <input type="checkbox"/> Other Reason (Specify)
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