



PERINTALMANNA
SERVICE
CO-OPERATIVE
BANK Ltd.

The Biggest Service Co-operative Bank in Kerala

POST BOX No. 14, PERINTALMANNA - 679 322
MALAPPURAM DIST., KERALA
E-mail: servicebankpmna@gmail.com
Head Office : 228291
Main Branch { 227366
 { 226456
Town Branch : 220603
Jubilee Branch : 227296
Neethi Medicals : 232329

SAVINGS BANK / CURRENT ACCOUNT APPLICATION

Branch:	Customer ID	AC. No.
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Name Date of Birth
S/o. D/o. W/o.
House Name Location
Place Post Office
Pin Phone (Resi.) Mobile
E mail
Occupation Office Address
Temporary Address
Aadhar No. PAN No.

Sir,

Please open a Savings Bank / Current account in my / our name. I / We agree to abide by the Rules and regulations of the bank from time to time. I am submitting copy of PAN card Aadhar card Election ID card Passport.

SERVICES REQUIRED	<input type="checkbox"/> A B B Transaction	<input type="checkbox"/> S M S Alert	<input type="checkbox"/> E mail monthly statement
	<input type="checkbox"/> RTGS / NEFT	<input type="checkbox"/> Mobile Pass Book	

Standing Instructions :- Mode of Operation (in case of Joint Accounts)

1. Either or Survivor 2. Former / Latter or Survivor 3.

Perintalmanna

Date :

Yours faithfully,

Account No.	
Specimen Signature	
A	X
B	X
C	X

Affix Photograph of all persons opening the account

Affix Photograph of all persons opening the account

PARTICULARS OF INTRODUCER

I know the applicant (s) detailed above and confirm his/her/their identity and address.

Name and Address

A/c. No. Mob. No. Phone

Perintalmanna

Signature of Introducer :

Date :

FOR OFFICE USE ONLY

Application accepted. Please open account and issue pass book.

Clerk

Authorised Signatory

NOMINATION FORM

Nomination under sec. 45 ZA of the Banking Regulations Act., 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of bank deposits.

I/We
 [name(s) and address(es)] nominate the following person to whom in the event of my / our / minor's death, the amount of deposit, particulars where of are given below, may be returned by the Perintalmanna Service Co-operative Bank Ltd., No. P 534, PB No. 14, Perintalmanna - 679322

Deposit			Nominee			
Nature	Distinguishing No.	Additions details, if any	Name and Address	If nominee is a 'minor' his/her date of birth	Age	Relationship with depositor, if any

2. As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum.
 (Name, Address and age) as the guardian on nominee to receive the amount of the deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee



Signature(s) / Thumb impression of depositor(s)

Name(s), Signature(s) and Address(es) of witness(es) (Thumb impression(s) shall be attested by two witnesses)

1.	2.
.....
.....
.....

Place :

Date :

Clerk

Authorised Signatory