



# The Gandhidham Mercantile Co-Operative Bank Ltd.

"GMCB Bhavan", Plot No-12, Sector 9, Gandhidham -Kachchh-370201

Phone No- 230944/229472 Fax-(02836)235668 Mobile No-9825227834

## ACCOUNT OPENING FORM-INDIVIDUAL

Account No. 1 0 0 1

Date :

Please open my/our  Savings  Recurring  CDR  FDR  SDR Account at your Gandhidham Branch

**Holder** Full Name : (First Name Middle Name SurName) Customer ID No.

Primary

Joint

Joint

Joint

Joint

**Initial Deposit Details** Membership No-

Deposit Amount Rs.

By-  Cash  Cheque No.

**Mode of Operation:**

- Self  Either/Survivor  Any One  Guardian  Self Operating Minor  Thumb Impression  All Jointly  
 Any Two  Former/Survivor  Letter on discharge by Authority  Other \_\_\_\_\_

**Required** (mark yes, vno x) :  Cheque Book  Pass Book  Mobile Alert on  ATM  Net Banking Facility (\*Please fill the forms for ATM & Net facility)

**For Recurring Deposit** - No. of Monthly Installment Amount Rate (%)

**Standing Instruction:** Please Debit A/c No & Credit A/c No with Rs

For Existing Deposit Holder: A/c No- 1 0 0 1

**Introduction :** (Mandatory for Small Deposit Savings Account only)

I/We hereby confirm that I/We personally know the applicant/s detailed herein for more than six months and confirm his/her/their Identity and address.

Signature Verified by

Account Number  
1 0 0 1

Introducer's Signature



**Nomination (Form DA 1) : Required-  Yes (please fill the details below)  No**

I/We \_\_\_\_\_ hereby nominate the following person to whom in the event of my/our/minor's death amount of deposit in the account may be returned by The Gandhidham Mercantile Co-op Bank Ltd.

Name & Address of the Nominee	Relationship	Date of Birth & Mobile No	If Nominee is Minor-I/We appoint Guardian
			Guardian Name- Guardian Address-
Signature(s), Name(s) & Address of Witness(s)		Signature(s)/Thumb Impression(s) of Depositor(s)	
(1) _____		X	
(2) _____			

**Declaration By The Deposit Holder(s)**

For Deposit Holders	For Fixed Deposit Holder
I/We hereby declare that I/We agree to comply with and be bound by Bank's Rules & Regulations in force from time to time for the conducts of such Account(s)	I/We hereby declare that I/We aware of changes in section 194A of the Income Tax Act. The TDS is to be deducted from interest credited/paid to likely exceed Rs. _____ during the financial year in respect of term deposit exists/kept/renewed. I/We require the interest to be paid/credited without deduction of Tax if applicable in my/our case, then I/We furnish, 1) My/Our Share Holder Number of Bank or 2) I/We submit the necessary deduction in Form 15H/G

Yours faithfully,

Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here	Please paste Passport Size color Photograph here
x	x	x	x	x
<b>Signature</b>	<b>Signature</b>	<b>Signature</b>	<b>Signature</b>	<b>Signature</b>

**For Office Use only:**

		Cheque Book Series				to			
Opened by		Verified by				Approved by			