

THE PUDUKKOTTAI DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,

#834-836, East Main Street, PUDUKKOTTAI - 622 001.

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ACCOUNT OPENING FORM

				application and												DATE	::[2 (
For Bank Use Only	<i>y</i> :	Acco	unt N	umb	er										Therapes Harris II		(Person Aurille			-		-		May of the distribution of the second	
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type	SB. N	lo F	rill A	/C					Jo	intly				A (0	r) S										
I / We request the bank to open an account as per details b							s be	low:																	
Name																			and the same of the				***************************************		
Father / Husband Name																									
Mother Name																									
Date of Birth			-			_																			
Resident Addre	ss (Pr	esen	t) :								Permanent Address :														
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Any Relatives Settled in Abroa	ıd:	Yes		No				No	of Re	lated	Peo	<u>—i</u> iplie							
If Yes, Please mention their Names & Address		Name: Addres												Panalaman d					
Dealing with other Banks	=													_					=
Type of Account / Facilities	-:																		-
Existing Credit Facilities	:																		-
						ASS	ETS												
Vehicle	:	2 Wh	eeler		- Common or Comm	4 W	neeler	Size and a	The same of the sa										
House	:	Own	ed			Reni	ted			Offic	e Qu	aarte	ers						=
Other Investment	:	Insu	rance	₹:						Depo	osit ?	:		=					
Nomination : Under Section 45ZA to	45ZF	of the B	R Act,	1949 a	nd rule	2(1) of	the ban	king co					Raties,	1985	innes	pect of	Bani	t depi	osits.
Nominee Name	:												No.				1		
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BANKING FACILITES: ATM	Card	Yes	No		Mob Banki	ile ng : Yes	. N	•	Bani	Net . king	Yes	3	io 🔲	SI	MS Ale	ert : Ye	5	No	
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Risk Classification: Low Risk		Mediu	m Risk		Hig	h Risk													
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