



नालन्दा सेन्ट्रल को-ऑपरेटिव बैंक लि. NALANDA CENTRAL CO-OPERATIVE BANK LTD.

DAILY DEPOSIT ACCOUNT OPENING FORM

To,

The Branch Manager
Nalanda Central Co-operative Bank
Branch :- _____

Name :-

JOINT Name :-

Father's Name :-

Mother's Name :-

Spouse Name :-

Address :-

Paste your
current
photograph
here

City :- Post :-

District :- State :- Pin Code :-

Date of Birth (DD/MM/YYYY) :- / / Mobile No. :-

AADHAR No. :- PAN No. :-

EMAIL ID :- SMS ALERT :- YES No.

Whether belonging to Category (Tick) SC ST OBC GENERAL Religion

Annual Income (in lacs) :- Major source of Income :-

Nominee's Name :-

Address :-

City :- District :- PIN Code :-

Relationship :- State :- Country :-

Nominee Minor (Tick appropriate) :- Y N Date of Birth (D/M/Y) :- / /

AGENT'S SIGNATURE

Customer ID :-

Account No. :-

ACCOUNT HOLDER'S SIGNATURE

Customer ID :-

Account No. :-

DAILY DEPOSIT AMOUNT :- DEPOSIT PERIOD :- DATE OF MATURITY :-

FOR OFFICE USE ONLY

Daily Deposit Account No. :- Date :-/...../2022

BRANCH MANAGER