

NF 108

ACCOUNT OPENING FORM FOR FD/KD/RD/NNND/CARD

To: CANARA BANK

_____ Branch

A/c No.	_____
Customer ID	_____

Dear Sirs,

Date: _____

I/We request you to open a _____ Account in my/our name/s in accordance with the Rules of the Bank, on the following terms and conditions and issue me/us a Deposit Receipt/Pass Book.

Amount of Deposit/Monthly Instalment :Rs _____

Period of Deposit _____ days months years	Rate of Int.: _____ % p.a.	MODE OF INTEREST PAYMENT Periodicity _____ credit CA/SB A/c No. _____ with you/your _____ Branch
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Name in full (in capitals)	Date of Birth	Occupation	Father's/Husband's Name
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Address of the 1st Depositor _____ _____ _____ _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address of other Depositors 2. _____ _____ _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel No: (R) _____ (O) _____ E-mail ID: _____ PAN/GIR NUMBER: _____ On attach Form No. 60/61 as per IT rules A/C NO: _____	3. _____ _____ _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	4. _____ _____ _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

In case of Minor: Name of minor: _____

Name of Guardian: _____

Date of birth: _____ Relationship: _____

Either or Survivor 1 or survivor/s

Jointly No. _____ or Survivor/s

Payable to Illiterate Depositor or Survivor/s

Standing Instructions if any:

(please tick appropriate box)

a) I/We enclose copy of the following as proof of address:

- Electricity/Telephone bill ID Card of reputed employer
 IT Assessment Order Driving Licence Property Tax Paid Receipt
 Passport Voter's ID Card PAN Card
 Other Document/s acceptable to Bank (specify) _____

b) Nomination Facility: Opted (Please fill up Form DA - 1 on page 3) Not opted

c) Whether due notice is to be sent Yes No

DECLARATION

I/We hereby confirm that the Rules of Business have been read by me/us and/or explained to me/us. I/We have understood and agreed to be bound by the Bank's Rules and Regulations governing such Account from time to time. I/We confirm that I am /we are Indian National/s and resident/s of India. I/We hereby declare that the above information is true and correct.

Yours faithfully,

1. _____
2. _____
3. _____
4. _____

(SPECIMEN SIGNATURE)

1. _____ 3. _____

2. _____ 4. _____

(Depositor/s to sign before the Bank Officer)

NP-154 sent on

INTRODUCTION

I know the applicant/s personally for a period of _____ year/s and confirm his/her/ their address stated in the application. I recommend that the Bank may consider to open the Account.

Name: _____

FOR OFFICE USE

Deposit accepted at _____ %p.a

Signed before me

Introducer's signature verified

Address: _____ _____ _____ _____ _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> A/c No; <input style="width: 100px; height: 20px;" type="text"/> <div style="text-align: right;">Signature of Introducer</div>	Supervisor SP/Staff No. <input style="width: 100px; height: 20px;" type="text"/> PERMITTED TO OPEN ACCOUNT _____ Manager/Sr. Manager Date: _____
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Photograph/s of the Depositors

With signature	With signature	With signature	With signature
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1 st Depositor

2 nd Depositor

3 rd Depositor

4 th Depositor

PARTICULARS OF RENEWALS

A/c No.	Date of Renewal	Amount Rs.	Period	From	To	Rate of Interest	Sig. of Supervisor/Officer	Sig. of Manager

