

Mahaveer Co-Operative Urban Bank Limited

9. REQUESTS

I/WE REQUIRE A STATEMENT OF ACCOUNT, IN ADDITION TO THE MONTHLY STATEMENT PROVIDED BY THE BANK

- ☐ DAILY
 ☐ WEEKLY
☐ FORTNIGHTLY
 ☐ QUARTERLY

10. ENCLOSURES

FOR INDIVIDUALS

- ☐ FORM 60
☐ JOINT FAMILY LETTER

ANY OTHER SPECIFY
FOR FIRMS / COMPANIES

- ☐ PROPRIETORSHIP LETTER
☐ PARTNERSHIP LETTER
☐ PARTNERSHIP DEED
☐ BOARD RESOLUTION
☐ MEMORANDUM AND ARTICLES OF ASSOCIATION

11. UNDERTAKING

FOR JOINT ACCOUNTS

WE UNDERTAKE TO BE JOINTLY AND SEVERALLY LIABLE TO YOU FOR ANY MONEYS OWING TO YOU ON THIS ACCOUNT, INCLUDING YOUR COMMISSION, INTEREST AND OTHER CHARGES AND FOR ANY DEBIT BALANCES ARISING IN THE ACCOUNT FOR WHATSOEVER REASON.

HENCE WE REQUEST YOU TO ACCEPT THE ENDORSEMENT JOINTLY AND / OR SEVERALLY OF US IN CHEQUES, ORDER BILLS OR NOTES PAYABLE TO US.

IN THE EVENT OF DEATH, IN SOLVENCY OR WITHDRAWAL, OF ANY OF US, THE SURVIVOUR OR SURVIVORS OF US SHALL HAVE FULL CONTROL OF ANY MONEY STANDING TO OUR CREDIT IN OUR ACCOUNT WITH YOU.

12. FORM DA 1

NOMINATION REGN. NO.

NOMINATION UNDER SECTION 45 ZA READ WITH SECTION 56 OF THE BANKING REGULATION ACT, 1949 AND RULE 2(1) OF THE CO-OPERATIVE BANKS (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS ETC. I/WE NOMINATE THE FOLLOWING PERSON IN THE EVENT OF MY/OUR/ MINORS DEATH, THE AMOUNT OF THE DEPOSIT LYING TO MY/OUR/MINORS CREDIT MAY BE RETURNED.

NAME & ADDRESS _____
AGE _____ RELATION _____

AS THE NOMINEE IS MINOR ON THIS DATE, I/WE APPOINT THE FOLLOWING PERSON TO RECEIVE THE AMOUNT OF DEPOSIT ON BEHALF OF THE NOMINEE IN THE EVENT OF MY/OUR DEATH DURING THE MINORITY OF THE NOMINEE (APPLICABLE ONLY WHEN THE NOMINEE IS MINORS)

NAME & ADDRESS _____
OF THE NOMINEE _____ AGE _____ RELATION _____

SIGNATURE

13. AUTHORISATIONS & DECLARATIONS

THE BANK BASED ON THE APPLICATION FROM THE AUTHORISED SIGNATURE MENTIONED UNDER 'OPERATION' IN ITS ABSOLUTE DISCRETION AND SUBJECT TO SUCH TERMS AND CONDITIONS AS THE BANK, MAY STIPULATE, CAN, MAKE PAYMENT PREMATURE PAYMENT OF THE PROCEEDS OF THE DEPOSIT AT THE TIME OF CLOSURE OF THE ACCOUNT.

I/WE REQUEST AND AUTHORISE YOU TO HONOUR ALL CHEQUES OR OTHER ORDERS DRAWN BY ME/US OR BILLS OF EXCHANGE OR NOTES DRAWN BY ME/US AND I/WE REQUEST YOU TO DEBIT SUCH CHEQUES OR THEIR ORDERS, BILLS OF EXCHANGE AND NOTES ALSO AMOUNT OF ANY DISHONOURD BILLS, NOTES AND CHEQUES TO THIS ACCOUNT, WHETHER THE ACCOUNT BE FOR THE TIME BEING INCREDIT OR OVER DRAWN IN CASE I/WE DRAW CHEQUES/CASH IN EXCESS OF OUR CREDIT BALANCE IN THE ACCOUNT WITH THE BANKS AS THE NECESSITY ARISES, I/WE UNDERTAKE TO REPAY THE AMOUNTS OVERDRAWN WITH INTEREST ON THE AMOUNT OVERDRAWN AS PER RULES OF THE BANK IN FORCE OR WITHOUT ANY ADVICE TO ME/US.

I/WE CONFIRM THAT THE RULES AND REGULATIONS OF THE BANK AND RESERVE BANK OF INDIA IN FORCE FOR THIS SCHEME HAVE BEEN READ BY/TO ME/US AND I/WE AGREE TO ABIDE AND BE BOUND BY THE SAME, I/WE ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS WHICH MAY BY MODIFIED FROM TIME TO TIME.

I/WE CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT

1. SIGNATURE

2. SIGNATURE

3. SIGNATURE

PLACE

DATE

FOR BANK'S USE

PARTICULARS OF CHEQUE ISSUED

STARTING CHEQUE NO. _____

ENDING CHEQUE NO. _____

NO. OF CHEQUES PER BOOK

DATE OF ISSUE

ISSUED BY

ENTERED / POSTED BY

CHARGES DEBITED (IF ANY)

VERIFIED BY

SIGNATURE (S) VERIFIED BY

CUSTOMER

OPEN THE ACCOUNT & ISSUE
CHEQUE BOOK OR WITHOUT
CHEQUE BOOK

ACCOUNT

NUMBER

AUTHORISED SIGNATORY