The Jalpaiguri Central Co-operative Bank Ltd.

Temple Street, Jalpaiguri,

..... Branch

Savings Deposit A.C. No. Date:

Place:

Gentleman,

I/We request you to open a Savings Deposit Account with your branch.

I/We hereby undertake to deposit a sum of Rs. ..... to open the account.

I/We have read and understood the banks rule for savings deposit account and agree to be bounded by them.

Name of the Depositor (IN BLOCK LETTER) 1. .....

2. .....

3. .....

Name of the Guardian .....

Date of Birth .....

Senior Citizen : Yes / No.

Permanent Address .....

.....

Present Address .....

.....

Contact no. .....

Occupation: .....

Yours faithfully,

Signature of Depositor

SPECIMEN SIGNATURE			
SPECIAL INSTRUCTION			

Date of Opening: .....

Authenticated By
Branch Officials Signature with Seal