



THE KERALA STATE CO-OPERATIVE BANK LTD.
A SCHEDULED BANK

Head Office: Cobank Towers, PB No.6515, Vikas Bhavan P.O.
 Palayam, Thiruvananthapuram – 695 033.
 Phone: 0471-2317081, 0471-2547200 (30 lines)
 FAX: 0471-2315168. E-mail: kscb@vsnl.com

ACCOUNT OPENING FORM FOR NON RESIDENT INDIAN (NRE)

The Branch Manager,
 Kerala State Co-operative Bank Ltd.,

Branch

A/c No.

TDR No.

Date

(For Branch Use)

ACCOUNT OPENING FORM

NAME & ADDRESS

Please open an NRE/FCNR/NRO account as per details below: (Name as written in the passport in BLOCK LETTERS)

1. First Applicant

2. Second Applicant

3. Overseas Address

.....

.....

Mobile No. with ISD code

E-mail

4. Indian Address

.....

.....

Mobile No. Fax

Photo

Photo

Specimen Signature

1st Applicant

Specimen Signature

2nd Applicant

5. Date of Birth (1) Date of Birth (2)

6. Name of Spouse Date of Birth

6. Name(s) of Children

a) Date of Birth

b) Date of Birth

PASSPORT
DETAILS

	Passport No.	Date & Place of Issue	Nationality	Present Occupation
First Applicant				
Second Applicant				

TYPES OF ACCOUNTS TO BE OPENED	Photos & Photocopy of Passport/Visa/Labour/Resident Card enclosed <input type="checkbox"/>				
			<input type="checkbox"/>	Amount (Specify Currency)	Period
	1.	NRE/NRO Term Deposit	<input type="checkbox"/>		
	2.	NRE/NRO Recurring Deposit	<input type="checkbox"/>		
	3.	NRE Savings Bank A/c	<input type="checkbox"/>		
	4.	NRE Current A/c	<input type="checkbox"/>		
	5.	NRO Savings Bank A/c	<input type="checkbox"/>		
6.					

MODE OF OPERATION	1. Single <input type="checkbox"/> 2. Either or survivor of us <input type="checkbox"/> 3. Former or survivor of us <input type="checkbox"/> 4. Latter or survivor of us <input type="checkbox"/> 5. Both or survivor of us <input type="checkbox"/> 6. <input type="checkbox"/> (Please Specify)					
	1. Demand Draft/NRE cheque No..... dt..... For (amount) enclosed 2. Mail Transfer/Telegraphic Transfer dt for 3. Name and address of the Remitting Bank/Ex. Company 4. Photos and Photocopy of Passport enclosed.					
INSTRUCTIONS REGARDING & INTEREST PAYMENT	1. Please keep Term Deposit Receipt in custody and renew for similar period on maturity					<input type="checkbox"/>
	2. Please remit interest by Draft					<input type="checkbox"/>
	3. Credit interest to my S.B/C.A. No. with you					<input type="checkbox"/>
	4. Please send deposit receipt/S.B. Cheque Book/Pass Book to me					<input type="checkbox"/>
	5.					<input type="checkbox"/>

NOMINATION FORM DA 1

Nomination under sec. 45 ZA of the Banking Regulations Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I/We (Name(s) & Address(es))

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit in the account, particulars whereof are given below, may be returned by Kerala State Co-operative Bank Ltd. (Name of Branch where account is held)..

DEPOSIT

Nature of Deposit	Distinguishing Number	Additional details, if any

Name & Address	Relationship with Depositor if any	Age	If nominee is minor her/his date of birth

As the nominee is a minor on this date, I/We appoint (Name, Address & age) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Name, Signature of witness & address
 Place + Signature(s) of depositor(s)
 Date + Where deposit is made in the name of minor, the nomination should
 *Strike out nominee is not a minor be signed by a person lawfully entitled to act on behalf of the minor

NOMINATION

FOR BRANCH USE ONLY

Particulars of form DA 1 (if received) entered in Nomination Register Sl. No. Dt.
 Customer advised on and acknowledgment received on
 Account opened Date No. of Cheque Book/T.D.R. issued
 From To

Chief /Branch Manager

CTO

Officer

C5/account opening form/1-3/pr