

Mailing Address

1 st Applicant				
	City	Tel (0)	Tel (R)	Fax
	Mobile:		E-mail	
Adhaar No. <input type="text"/>				

2 nd Applicant				
	City	Tel (0)	Tel (R)	Fax
	Mobile:		E-mail	
Adhaar No. <input type="text"/>				

3 rd Applicant				
	City	Tel (0)	Tel (R)	Fax
	Mobile:		E-mail	
Adhaar No. <input type="text"/>				

Permanent Address (if different from above) / Registered Office address in case of Companies.

1 st Applicant				
	City	Tel (0)	Tel (R)	Fax
	Mobile:		E-mail	

Proof of Address / ID Submitted (individuals) Please tick (✓)

Passport Copy		Voter ID Card		Driving License		Others (Please Specify)	
PAN Card		Latest Telephone Bill		Gas Connection Receipt		Aadhaar Card	<input type="text"/>

Introduction by existing UMSUCB Customer

● Name _____ A/c. No. I Confirm that I am an
 account holder with The Udaipur Mahila Samridhi Urban Co-operative Bank Ltd. _____ Branch for last _____ month/years

● I certify that I have known Mr./Mrs./Ms. _____ since last _____
 Months / years and confirm his / her / their identity, occupation and address stated in this application to open the account.

Signature of Introducer _____

Declaration in Case of a Minor Account

I hereby declare that the date of birth _____ (Submit copy of birth certificates) of the minor who is my
 _____ (Relationship with Minor) and I am his / her natural guardian / legal guardian appointed by the court order dated
 _____ (copy enclosed). I shall represent the said minor in all future transactions of and description in the above account until the said
 minor attains majority on _____. I indemnify the Bank against the claim of the above minor for any withdrawal / transaction made by me in
 his / her account.

Signature of Natural Parent / Legal Guardian _____

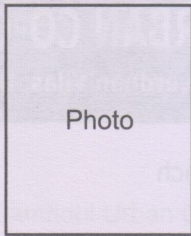
Name & Address _____

Relationship with minor - Father / Mother / By Court Order
 (if Yes, Please attach a Copy) / Other (please specify) _____

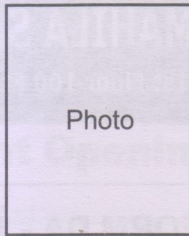
Declaration / Undertaking

I/We confirm that I/We am/are resident of India. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.
 I/We confirm having read & understood the Account Rules and hereby agree to be bound by the terms & conditions, outline in these rules which govern the
 account(s) which I/We am/are opening with UMSUCB and amendments there to made from time to time and those relating to various services.
 I/We will keep watch on day to day transaction to detect early frauds, if any.
 I/We understand that it is not obligatory for the Bank to inform me/us the the impending due date of term deposit.
 I/We confirm having noted that in event of dishonor of cheque drawn on my/our saving account on four occasions during a financial year for want of sufficient funds,
 no fresh cheque book would be issued by the Bank. The Bank may also consider closing this account at its absolute discretion at any time.
 In the event of the death of any joint depositors prior to the maturity of deposit(s), the Bank at its absolute discretion at the request of the surviving depositor(s), be at
 liberty and may add/delete any name or repay the deposit before maturity, or grant an advance against security there of, on such terms as the Bank may and its
 absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.
 I/We undertake to inform the Bank, any change in my/our address and financial condition and also undertake to update my/our KYC details at regular interval within
 the time frames as per Reserve Bank of India directions from time to time. In case of non-compliance the Bank can stop operation in my/our account and/or close
 my/our account at its sole discretion.

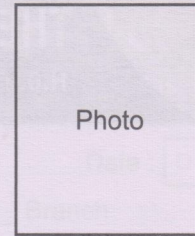
Signature of the Application(s) _____



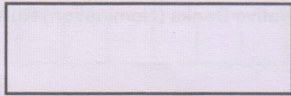
Photo



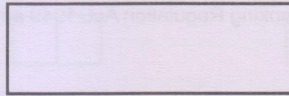
Photo



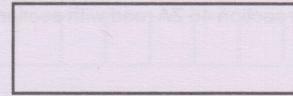
Photo



1st Applicant



2nd Applicant



3rd Applicant

Customer ID No.

Signature in the presence of bank officials : (Applicants should also sign across photographs)

MANDATE FOR PREMATURE PAYMENT OR GRANT OF LOAN / ADVANCE AGAINST TERM DEPOSITS

Account No.

FDR Receipt No.:

The Bank may, on receipt of written application from Mr./ Mrs./ Ms.

the former

/ the first Name of us

/ the second Name of us

/ Either or Survivor of us /

Any one or survivor(s) of us or

its absolute discretion and subject to terms and conditions as the Bank may stipulate.

a) grant a loan / advance against in the security of term deposit.

b) make premature payment of the proceed of the deposit.

Name of Depositors(s)	Signature(s)
1.	
2.	
3.	
4.	

FOR OFFICE USE

Threshold Limit

Risk Categorization

1st Applicant

2nd Applicant

3rd Applicant

Account opened & verified by :
Name :

Approved by :
Name :

Signature with Code No.

Signature with Code No.

*** Revision in KYC/AML Norms :**

Change:

Date :

Authorised Signatory

*** Revision in KYC/AML Norms :**

Change:

Date :

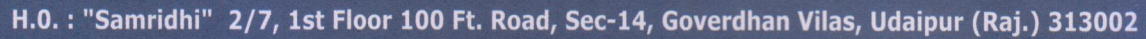
Authorised Signatory

*** Revision in KYC/AML Norms :**

Change:

Date :

Authorised Signatory



FORM DA - 1

- * Letter from all major co-parceners of joint Hindu Family.