

NF 101

**SAVINGS BANK/CURRENT ACCOUNT OPENING FORM
(FOR INDIVIDUALS AND JOINT ACCOUNTS)**

To: CANARA BANK

_____ Branch

A/c No.	_____
Customer ID	_____

Dear Sirs,

Date: _____

I/We request you to open a Savings Bank/Current Account in my/our name/s in the books of the Bank.

Name in full (in capitals)	Date of Birth	Occupation	Father's/Husband's Name
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Address of the 1st Depositor		Address of other Depositors	
_____		2. _____	
_____		_____	
_____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Tel No: (R) _____ (O) _____		3. _____	
E-mail ID: _____		_____	
PAN/GIR NUMBER: _____		_____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
On attach Form No. 60/61 as per IT rules		4. _____	
Staff No. _____		_____	
(if employee of the Bank)		_____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
In case of Minor:			
Name: _____		Name of the Guardian: _____	
Date of birth: _____		Relationship: _____	
In case of Joint Account:			
Account to be operated by _____ only			
<input type="checkbox"/> Severally		<input type="checkbox"/> Jointly	

(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) **In the event of death of any of us**, the survivor/s or the continuing account holder/s of us shall have full control and be entitled to continue operation of the account or to receive all the monies standing in our account with you:

Opted Not Opted

d) * I/We do not enjoy any credit facility with any other Bank/Branch of your Bank. I/ We undertake to inform you as and when credit facilities are availed by me/us, with any other Bank/Branch of your Bank.

I/We enjoy credit facility with other Bank/Branch of your Bank, details of which are as under.

Name of the Bank/Branch	Nature of Limit	Amount (Rs.)

e) I/We enclose Specimen Signature card/s

f) Please issue me Cheque Book as per Rules

g) **I/We request you to consider issuing me/us ATM/Debit Card linking it to my/our account/s.

Name to be embossed on ATM Card																					
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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 Accounts 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. I/We clearly understand that all the operations effected through my/our ATM Card at any of the ATMs/POSEDC machines installed by Canara Bank and /or installed by other banks and permitted to be used by ATM card holders of Canara Bank is/are binding on me/us. I/We do hereby acknowledge the receipt of terms and conditions governing the network operation of ATM Card and I/We have agreed to the terms and conditions and also agree to abide by any amendments to the terms and conditions as may be stipulated by the Bank from time to time.

Yours faithfully,

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

(Signature of the Depositors)

NF 154 sent on

<p>INTRODUCTION</p> <p>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.</p>	<p>FOR OFFICE USE</p> <p>Signed before me</p> <p>Introducer's signature verified</p>
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Name: _____	Supervisor SP/Staff No. <input type="text"/>
Address: _____	PERMITTED TO OPEN ACCOUNT
_____	_____
_____	Manager/Sr. Manager
PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: _____
A/c No; <input type="text"/>	
Signature of Introducer	

* Applicable to Current Account only.

** if it is a Joint Account with operations joint, ATM card cannot be issued.

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

[NOMINATION FORM DA-1](#)