

ACCOUNT OPENING FORM: UNITED BONANZA SAVINGS ACCOUNT SCHEME

(Application cum Specimen Signature Card)

UNITED BANK OF INDIA
_____ Branch.

Date: _____

I/We request you to open an account under United Bonanza Savings Account Scheme with your branch in my/our name(s) for which I/We deposit initially an amount of Rs. _____ (Rupees _____).

Account Number							
-----------------------	--	--	--	--	--	--	--

Full Name in Block letters First Name Middle Name Surname	Occupation	Nationality	Date of Birth (in case of minor)
1.			
Son/daughter/ wife of:			
2.			
Relationship with No.1			
3.			
Relationship with No.1			
Address (of the First Depositor) Residence: Office: Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Office	Telephone No Office: Res.: Fax: Mobile: EMail:	Guardian's Name and relationship with the Minor	
I/We hereby authorise you to transfer balance in excess of Rs. _____ in multiples of Rs.1,000/- from United Bonanza Savings Account to ordinary Fixed Deposit account for the period of _____ years/months automatically. In case of insufficient balance in United Bonanza Savings Bank Account, please allow payment of cheques by retransferring funds from Fixed Deposits allowing the facility of reverse sweep under the scheme.			
Mode of Operation: <input type="checkbox"/> By me <input type="checkbox"/> Jointly by us <input type="checkbox"/> By guardian on behalf of the minor <input type="checkbox"/> By Former or survivor <input type="checkbox"/> Cy either/any of us or survivor (s)			
I/We agree to be bound by the Bank's rules and regulations governing United Bonanza Savings Account Scheme from time to time. I agree that the Bank may debit my account for service charges as per Bank's charges from time to time.			
Specimen Signature	Specimen Signature	Specimen Signature	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">PHOTO</div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">PHOTO</div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">PHOTO</div>	
First Applicant	Second Applicant	Third Applicant	
Note: Please sign in black ink. Photographs should be signed across by the applicant.			

INTRODUCTION:

[Any one of the following three for all the applicants]

[1]

I certify that I have known _____ for past _____ months/years and confirm his/her/their occupation and address (es). I have put my signature in presence of branch official. *

Signature _____ Account No. _____

Name & Address _____ Bank & Branch _____

[2]

In case the applicant(s) is /are existing account holder of the Bank, please mention:

Applicant Name Type of Account A/C Number Specimen Signature

First:

Second:

Third:

This shall be accompanied by a self drawn cheque on the account

[3]

A copy of the document [any one] attached for all the applicants:

 Passport Election ID Card* Govt. ID Card* PAN Card* Driving License* Photo Credit Card Signature attestation certificate from Banker

* This shall be accompanied by a self drawn cheque on any bank

Particulars of self-drawn cheque(s):

Applicant	Drawn on:		Account No.	Cheque No.	Date	Amount
	Bank	Branch				
First						
Second						
Third						

FOR OFFICE USE ONLY:

Introducer's signature verified. Introducer has signed in my presence in the branch premises*. Depositor's (s') signature(s) authenticated.

Official's signature _____

Name of the official _____

Account opened on _____

Signature of the 2nd official _____

Name _____

Nomination facility Not required Form No. DA – 1 duly filled in

* Strike out, if not applicable

Form DA-1

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking (Nomination) Rules 1985 in respect of Bank Deposits I/We _____

_____ nominate
(Name & Address)

the following person(s) to whom in the event of my/our/minor's death the amount of deposit in the above Account may be returned by United Bank of India _____
_____ (Name and address of branch/office in which deposit is held) :

Particulars of Nominee

Name	Address	Relationship with Depositor, if any	Age	If nominee is minor, his/or date of birth
------	---------	-------------------------------------	-----	-------------------------------------------

+ 2. As the nominee is a minor on this date, I/we appoint Shri/Smt./Kum.

(Name, Address and Age)
to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place :

Date :

Names, signature and addresses of witnesses
(1)

*Signature(s)/Thumb impression(s)@
of depositor(s)

(2)

- Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to set on behalf of the minor.
- + Strike out if the nominee is not a minor.

@ Thumb impression(s) shall be attested by two witnesses.