Risk	Categorization	ì
1 (101)	Catogorization	

THE JAMKHANDI URBAN CO-OPERATIVE BANK LTD., JAMKHANDI.



UMARAMESHWAR ROAD, JAMKHANDI-587 301.

ACCOUNT OPENING FORM

राउचकाव्येव्य स्ट्रीक राज्येक											
CUSTOMER ID:	ACCOU	NT NO:	(OPENING	DATE:						
		APPL	ICANT F	ORM							
Full Name:	Mr/Mrs./Ms							- 9			
									20		
							-				
			F	irst Nar	ne Mi	ddle Na	ame	Last	t Nam	 ne	
Caste	Gender :Male/Female										
Date of Birth /Age											
Marital Status	Married/Unmarried										
Name of the Mother (Full Name)						200	1				
Telephone/Mobile No	Residence :				Office :						
Election ID No	Addhaar No.										
Ration Card				ΙP	AN No						
Driving License				C	thers :						
		ADDRESS	OF TH	IE API	PLICANT						
Area			7/1		Pin Code	:	T	\top			
village/City			0.12		District		 				
Taluka :			11/2								
Occupation/Profession		6									
Annual Income		~(1)	3.								
No. of Dependants		100									
Detail of Assets	Owning Hous	se	Y/N		Owning F	arm		Y/N	1		
	No. of Anima	ls			Any othe	er					
Introducers Name:											
Introducers Customer ID (For Bank use only)											
Introducers Account No.	Elb.										
				Signature :							
Existing Bank A/c No.											
		DEC	CLARAT	ION							
I/we hereby apply for open	ing of a bank a				formation pro	vided by	y me/u	s in this	s appli	cation	
form is true & correct. The											
understood the same. I/we	•			•	n force from	time to t	time. I/ v	ve decla	are that	: I / we	
have not availed any overd	raft or credit fac	iliity from any	other ban	K.							
Place :											
Date :	<u> </u>							re /LTI of	f applic	ant	
I want to Nominat		1	T D-4-	ef Diath		nation R		oo to r	0001110	tho	
Name & Address of the Nominee	Relationship	Age	in cạ	of Birth ise of	amount	of dep	osit on	behalf	of th	e uie	
INOITIIITEE	1	nor	vent of	in case to receive the sit on behalf of the ent of my/minor(s) death							
	1										
	1										

Signature /LTI of applicant