

**Account Opening Form**

**Indian Overseas Bank.....Branch Savings Bank A/c No.**

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

**Name in full (In Capital Letters) Occupation Address of the first Depositor PAN/GIR No.**

1. ....

2. ....

3. ....

4. ....

Telephone No.:..... Fax No.:..... E-mail ID:.....

In case of minor's account	Date of Birth	Name of Guardian	Relationship
In case of Joint Accounts	Account to be operated by Either or Survivor / Jointly		

I / We declare that Bank's Savings Bank rules have been read by me / us and I / we accept them and amendments which may be made from time to time as binding upon me / us.

Kindly supply me / us with a Cheque Book, Pass Book for my / our use.

**Specimen Signatures**

1. .... 3. ....

2. .... 4. ....

**Declaration**

I / We undertake to maintain the minimum balance in the account as required by the Bank.

I/We may have occasion from time to time to hand you for collection or negotiations cheques, Drafts or Bills of Exchange (with or without documents attached) and we hereby agree to your forwarding the same to your branches/collecting Agents for collection/negotiation through Registered Post or any other authorised independent carrier.

In the event of your having no independent collecting Agent at any Centre, we hereby authorise you to send such instruments/documents directly to the drawee bank itself by any of the above said authorised modes of transit.

In the even of loss of an instrument/document in transit or otherwise, I/We undertake to take up the matter with the drawer for obtaining duplicate/replacement instrument/or provide duplicate documents.

In case of any overdraft being created by wrong credits or in the Teller / ATM / ABB arrangement, I / We shall make good the same with interest as applicable.

Date:

Signature of Depositor(s)

**Introduction**

I know the applicant/s personally for a period of .....year(s) and confirm correctness of occupation and address as stated in the application.

Date:

Signature of introducer

**For Office Use**

Introducer's signature verified and signed before me

Date:

Authorised Officer

Approved

Manager

**Nomination**

I / We .....nominate the following persons to whom the balance in the account may be paid by Indian Overseas Bank, in the event of my / our / minor's death.

Name and address of Nominee	Age	Relationship	Date of birth, if nominee is a minor

**In case nominee is a minor**

As the nominee is a minor on this date, I / we appoint Shri./Smt./Miss.....(Name, address and age) to receive the amount on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place:

Date:

Signature / LTI of Depositor(s)

Name(s) and signature of witness (In case of LTI)

1.....

2. ....

**Nomination Registered**

Authorised Officer