



SAMATA CO-OP. DEV. BANK LTD.

Karunamoyee Community Centre Cum Commercial Complex

(1st Floor) ED Block, Salt Lake, Kolkata - 700 091

Phone : 2358 3882/3883, E-mail : info@samatabank.org / samatacoop.bank@gmail.com

APPLICATION FORM

To
Branch / Chief Manager
SAMATA CO-OP. DEV. BANK LTD.

A/c. No.

Date :

Dear Madam / Sir,

KINDLY ACCEPT MY REQUEST

TICK THE REQUIRED SERVICE

1. For Issue of Cheque Book : Please Issue 20 / 50 / 100 leaf **ORDER / BEARER** Cheque book for my / our SB / CD / CR / OD & debit charges (if any) from my / our account.
2. For Cheque Book Facility : Please provide Cheque Book Facility in my / our SB / CD / OD Account.
3. For Transfer of Account : Please transfer my / our A/c to Branch Name _____ (Code _____)
4. For Closure of Deposit Account : Please close my / our SB / RD / CCA / FDM / SDQ A/C _____ and credit the amount in my / our CD / SB / CR / OD A/c _____ or pay in Cash (if permitted).
5. For Issue of Duplicate Passbook : Please issue a duplicate passbook (Copy of FIR/GD enclosed) & debit charges (if any) from my account.
6. For Change of Mobile No : Please update my new mobile no in my A/c. **New Mobile No.** _____
7. For SMS alert : Please Provide / Stop SMS Alert Facility on my / our Account. **Mobile No.** _____
8. For Issue of ATM Card : Please issue ATM Card on my/our Account.
9. For ATM PIN Regeneration : Please regenerate ATM PIN (Card No. _____) & debit charges (if any) from my account.
10. For ATM Card Replacement : Please issue another ATM Card & debit charges (if any) from my account. Old card has been blocked by me. (Ticket No. _____).
11. For Standing Instruction : Please transfer Rs. _____ (per month) starting on ___/___/_____ from my/our SB/CCA/OD/CC AC to RD/CCA/BG/SB/CC/Loan AC. _____ & debit charges (if any) from my account.
12. For Cancellation of Pay Order/BG : Please cancel the Pay Order/BG No. _____ issued on ___/___/_____ in favor of _____ as it no longer needed by me. Debit charges if any and pay me the remaining amount in Cash or by Transfer to A/c No. _____.
13. For Change of e-mail ID : Please Change/update my e-mail ID to _____ in my CIF.
14. Change of Name / Address : Please Change my / our name / address.

Old Name / Address	New Name Address
Name : Address :	Name : Address :

Enclosed KYC Documents : Passport, Voter ID Card, Adhaar Letter, Driving License, PAN Card, NREGA card.

I/We have read and agree to abide by the Bank's terms & conditions and rules in force and the changes thereto and conditions from time to time relating to my/our account as communicated and made available on the bank's website

Yours faithfully,

Signature (s) of Customer

Authorised Bank Official

Full Name :