

VIJAYA BANK

Applicant Signed before me Officer/Branch Head (S.S.No.) ----- Open the Account Branch Head	a) Customer Id: _____ b) A/c No: _____ c) Nomination Registration No: _____	Passport size Photograph(s) of Applicant / Guardian and ward:
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APPLICATION FORM FOR OPENING 'V-GenUTH' SAVINGS BANK ACCOUNT

To
 The Branch Manager
 Vijaya Bank

Place: _____
 Date: _____

_____ branch

I request you to open in my name / in the name of my minor son / daughter / ward, a '**V-GenUTH**' Savings Bank Account on the following information:

1	Details of account holder / minor	
	a)	Name of applicant/ward (in case of minors):
	b)	Father's name
	c)	Date of birth:
	d)	Gender: Male / Female
	e)	Telephone No, if any
	f)	Name of School, if applicable
2	*Parent's / Guardian's details:	
	a)	Parent / Guardian's name:
	b)	Occupation:
	c)	Telephone No:
	d)	Annual Income Rs.
	e)	Permanent Account No (Issued by Income Tax Department)
	f)	Relationship with the minor
3	Address of the applicant / parent / guardian:	
	a)	For Communication:
	b)	Permanent Address, if it is different from the 3 (a) above
	c)	Business Address, if it is different from the 3 (a) above
4	Details of nomination [u/s 45 ZA of Banking Regulation Act 1949 and rule No: 2(1) of Banking Companies (Nomination) Rules 1985 of Bank Deposits]:	
	a)	Name of nominee
	b)	Name of father / husband of the nominee
	c)	Age of the nominee
	d)	Relationship with the account holder
	e)	Address of the nominee, if different from 3 (a) above

	f)	Where a minor is nominated name and address of an adult, who will represent the minor	
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*I hereby declare that the money deposited / to be deposited by me in the minor's account belongs to me and I deposited so for my own convenience. The same is exclusively for the benefit of the minor son / daughter.

*I request you to extend sweeping facility. I hereby authorise you to invest the amount transferred from the above account in 'V-Plus Term Deposit account' for a period of _____ days / months. I also authorise you to transfer amounts from the 'V-Plus Term Deposit account' to the above captioned account in case of shortage of funds to honour the cheque / exchange / standing instructions / debit through ATM card etc.

*[Strike if not required]

I hereby declare that the above information is correct and I abide by the rules and regulations of '**V-GenUTH**' Savings Bank Scheme.

I / we authorise Vijaya Bank to disclose and furnish the default, if any, committed by me / us in discharge of my / our obligation and as the Bank may deem appropriate and necessary, to Credit Information Bureau (India) Limited (CIBIL) and / or any other agency duly authorised by the RBI.

I / We further authorise the CIBIL or any other agency so authorised may use, process the said information and data disclosed by the Bank in the matter as deemed fit by them and further furnish for consideration the processed information / data or products thereof prepared by them to banks / financial institutions.

Yours faithfully,

SIGNATURE OF PARENT / GUARDIAN / APPLICANT

[Thumb impression should be witnessed]	
Witness 1 Signature: Name: Address:	Witness 2 Signature: Name: Address:

List of documents required:

- a) 2 Passport size photographs of the applicant / guardian (in case of minor's account) / guardian & minor (in case where minor is aged above 12 years) duly attested on the reverse.
- b) Document/ proof for the identity, i.e., _____.
- c) Document/ proof for the address, i.e., _____.
- d) PAN Card, [if PAN is not available, Income Tax Form No: 60 / 61].
- e) Date of Birth Certificate (in case of minor's account)
- f) Authorisation from the guardian authorising the minor ward to operate the account (only if the ward is aged above 12 years).
- g) Specimen Signature Card(s) of the Guardian and ward, if authorised to operate.

<p>I know the applicant / parent / guardian personally for a period of ___ years and confirm his/her identification / occupation.</p> <p>SIGNATURE OF INTRODUCER Place: Date: Name: Account No.</p>	<p align="center">Space for Bank's use</p> <p>Customer Id: / Account No: _____/_____</p> <p>Status: Salaried person / Business Man / Agriculturist / Self Employed / Others (Specify _____)</p> <p>Signature of the introducer verified with the records on _____</p> <p align="center">Officer (S.S.No.)</p>
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FOR THE OFFICE USE

Other exercises at branch level:

a) Risk exercise (HOC 32/06):

Low risk	Medium risk	High Risk
Tick whichever is applicable		
RO Ir. No: _____ dated _____ permitting the branch to open the account of 'High Risk'		

- b) Letter of Thanks sent to the Applicant on _____
- c) Letter of Thanks sent to the introducer on _____
- d) Acknowledgement from the Applicant received on _____
- e) First Cheque Book issued on _____

To
The Branch Manager
Vijaya Bank
_____ branch

Dear Sir,

Sub: 'V-GenUTH' Savings Bank Account No: _____ in the name of _____ with you.

I have opened 'V-GenUTH Savings Bank Account' in your bank in the name of my ward _____. I already hold a Credit Card Number _____ issued by your bank, in my name. My ward has attained 12 years of age on _____. I hereby also authorise my ward, apart from me, to operate the above account as per the Bank's rules. I enclose hereto two photographs and a specimen signature card of my ward, duly attested for your record and I request you to issue the following to my ward to enable him/her to operate the account.

		Tick what is required
a)	Cheque book with withdrawal is restricted to self	<input type="checkbox"/>
b)	ATM Card	<input type="checkbox"/>
c)	Add on card attached to my Card.	<input type="checkbox"/>

I hereby authorise you to invest the amount transferred from the above account in 'V-Plus Term Deposit account' for a period of ____ days / months. I also authorise you to transfer amounts from the 'V-Plus Term Deposit account' to the above captioned account in case of shortage of funds to honour the cheque / exchange / standing instructions / debit through ATM card etc.

I have gone through the rules and regulations in respect of the 'V-GenUTH Savings Bank' scheme and I abide by the same Further, I hereby declare that I will be solely responsible in respect of all transactions / operations that will be made by my ward and undertake to indemnify the Bank for losses, if any in respect of such transactions.

From Name: Address:	Yours faithfully, [SIGNATURE]
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Place:
Date:

For the office use

- a) Add On Card Card Number issued _____
- b) ATM Card Number Issued _____