

S.B. FORM NO. 1

GOVERNMENT OF KERALA

Treasury Savings Bank

APPLICATION TO OPEN AN ACCOUNT

(Rule 67)

Account No.

Name (s) in full

.....

Occupation

Address

.....

.....

.....

Date of birth
(in the case of a minor)

Object (in the case of Public Account)

Name of Pledgee
(in the case of security account)

Purpose for which the security is
offered

Introduced by

Occupation and address

Signature of the person who
introduces the depositor

Signature (s) of the depositor.

Account opened and signature verified

Signature of the Passing Officer.

Declaration

I/We hereby declare that the Savings Bank Rules have been read by me/us and that I/we accept them as binding upon me/us.

I/We further declare that I/we have no account opened by me/us on my/our own behalf, at any time, at any other Treasury Savings Bank.

I/We declare that the minor was born on

I/We hereby undertake not to make any claim on the Treasury Savings Bank for the principal or any interest thereon except with the express written sanction of (here enter the name of the pledgee) to whom the security is hereby pledged nor to object to the payment by the Bank of the whole or part of the principal or interest to the said Officer on his claiming it.

Station:

Date:

Signature of the depositor

Countersigned

*Signature of the Pledgee or
Controlling Officer in the case
of Public Accounts.*

Note:- Score out the declaration not applicable to the class of the deposit. Countersignature is required, only in the case of security account and public accounts wherever applicable.

Initial of the Passing Officer.

S.B. FORM No.22
GOVERNMENT OF KERALA
Treasury Savings Bank
(Rule 15)

Treasury.....

Account No.....

NOMINATION

I hereby nominate*
.....
as the person entitled to receive after my death the balance amount to the credit of my Savings Bank Account in theTreasury.

Depositor's {
Signature.....
Name.....
Address.....
.....
Occupation.....

Signed in my presence

I am satisfied as to the identity of the depositor

Date..... **Treasury Officer.**

* Here enter the full name and address of the person proposed to be nominated, his relationship, if any and is date of birth.

Note:- Nominations are to be filed in triplicate.