



The GATS Urban Co-Operative Thrift and Credit Society Limited
ACCOUNT OPENING/DEPOSIT APPLICATION FORM
FOR OFFICE USE ONLY

Application Form No.

Reference code Login Date

Branch

Branch code

Membership #

1 st Applicant	2 nd Applicant	3 rd Applicant
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Account #

Passbook No #

Payment Card #

1 st Applicant	<input style="width: 100px;" type="text"/>
2 nd Applicant	<input style="width: 100px;" type="text"/>
3 rd Applicant	<input style="width: 100px;" type="text"/>

Signature & Code of operation Officer

Signature, Code & Stamp of Branch Manager

FOR CUSTOMER(S)

1.	TYPE OF ACCOUNT	AMOUNT	DURATION OF DEPOSIT
	Saving Account		N/A
	DDS		
	Flexi RD		
	Everybody Lakhpati Yojna		
	Pension Yojna		
	Fixed Deposit		
	Monthly Income Scheme		

2. Nature of Account General Senior Citizen

3. Full Name in Capital letter (leaving a space between first, Middle and last name)

1st Applicant <small>Mr./ Mrs./Ms./Master /Baby</small>	<input style="width: 100px;" type="text"/>
2nd Applicant <small>Mr./ Mrs./Ms./Master /Baby</small>	<input style="width: 100px;" type="text"/>
3rd Applicant <small>Mr./ Mrs./Ms./Master /Baby</small>	<input style="width: 100px;" type="text"/>

4. Affix Photo of Applicant (s) with signature / thumb impression across photo

1 st APPLICANT	2 nd APPLICANT	3 rd APPLICANT

5. Mode of Operation

Self	Either or Survivor	Former or Survivor	Any one of us or Survivor	Jointly
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6. Requisition for products/ facilities I / we wish to avail the following facility(s):

#	FACILITY(S)	YES	NO
i	Account Statement @ ₹5.00 per page		
ii	Passbook (non-chargeable)		
iii	SMS Alerts @ ₹24.00 PA		
iv	Internet Banking Services (Chargeable)		
v	Mobile Banking Services (Chargeable)		
vi	Any other, please specify.....		

7. Payment card : I / We may please be issued with a payment card. We have read the terms and conditions governing the use of payment card. Name of the card be printed as mentioned at serial #3 (@ ₹ 250.00 PA Per Card).

Yes	No
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8. Nomination

I/ We nominate the following person particular whereof are given below to whom in the event of my / our / Death the amount of the deposit in the account opened with this AOF may be returned by GATS

Name	Age	Relationship with 1 st Applicant	Phone No.:	In case of minor name, of Father / Mother

9. Specimen Signature (s)

1 st APPLICANT	2 nd APPLICANT	3 rd APPLICANT

10. Detail of Bank A/c maintained with any other bank

#	Bank and Branch	IFSC Code	Account #

11. Terms & Condition and declaration

11.1 I / We agree to be bound by the terms and condition, instruction etc. and by the rules of following and any subsequent amendment (s). I / We hereby declare that the following furnished are true and correct to the best of my knowledge.

Signature(s)

11.2 Additional Declaration in case of illiterate customer: The terms and condition in Section (B) for illiterate Customer(s) have been read out to me / us and I /we have understood the same.

Signature of witness
(Name & Address)

Signature(s) / Thumb
Impression of Depositor(s)

**TERMS & CONDITION
SECTION(A)-GENERAL CUSTOMER(s)**

I / We confirm having received read and understood (a) the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which governs the account which I / we am / are opening / will open with GATS and (b) amendments to the rules made from time to time and those relating to various services availed by me/ us when displayed by GATS on its notice board or on its website and those relating to various services offered by GATS including but not limited to payment card, internet banking, mobile banking, SMS Alerts and other facilities listed in this form. I / we are aware that the usage of these facilities is governed by the terms and condition which are contained in the brochures of GATS issued from time to time / displayed on the website www.gats.co and I / we have reviewed the contents of the same. I / we understand that GATS may at its absolute discretion discontinue any of the services completely or partially without any notice to me / us. I / we agree that GATS may debit my account for service charge s as applicable from time to time. I / we declare that the transaction in the account will be made from legitimate sources only and the account will not be used for any purpose contrary to law. I / we also agree to maintain the minimum / quarterly average balance which GATS may prescribe as the minimum / Quarterly Average balance to be maintained to avail the facilities and agree to pay the charges. If minimum quarterly average balance is not maintained and any other charges stipulated by GATS. I / we understand that any change in this respect will be notified by GATS on its website www.gats.co and also will be displayed on the notice board of the branches one month in advance. I / we undertake to make good the losses of GATS suffered consequent to any transaction. I / we also undertake to update identify and address proof(s) and submit latest photograph(s) on the periodic interval.

SECTION(B)-ILLITERATECUTOMER(s)

I / We hereby agree that the account will be operated by me / us personally by calling at the counter & GATS will not liable to pay except as above. I / we hereby agree that the payment of fixed deposit on maturity will be received by me / us personally by presenting the relative receipt at your office. GATS will be liable to pay except as above. The contents of account opening form and rules of GATS regarding opening branch account stipulations governing issue of receipt(s) / passbook as appearing on the back thereof in force for the time being have been explained to the depositor(s) and fully understood by him/ her / them and he/ she /they has / have affixed his /her / their left / right hand thumb imprssion hereunder in my presence in token thereof.

SECTION(C)-JOINT FIXED DEPOSIT ACCOUNT(s) (applicable only in case of either or survivor / anyone of us/ any two of us or survivors)

GATS mby on receipt of written application from either / anyone/ any two account holder(s) in its absolute discretion and subject to such items and condition as it may stipulate(I) transfer the deposit account to any branch of GATS (ii) grant a loan / advance against the security of the term deposit (iii) allow premature withdrawal / make premature payments of the deposit to eitkher / anyone / any two account holder(s). GATS shll be entitled to adjust and appropriate the proceeds of the deposits on or after maturity by cancellation under advice to the customer towards dues with interest in respect of loan / advance so given against the security of the deposit. The receipt / discharge given by anyone / any two account holder(s) shall give GATS a valid discharge. In event of death of any of the joint account holder(s) before maturity date. GATS shall be free at the request of survivor(s) through not obliged (I)to transfer the deposit account to any other branch of GATS(ii) to refund payment on such items as it may decide or (iii) advance loan to the survivor(s) against in the deposit before maturity and discharge given by the survivor(s) in this regard shall given by the survivor(s) in this regard shall give GATS a valid discharge.