

Address of Communication First Depositor Second Depositor Third Depositor

MODE OF OPERATION

By me	<input type="checkbox"/>	By either/any one of us or survivor	<input type="checkbox"/>	By Former or Survivor of us	<input type="checkbox"/>
By guardian on behalf of minor	<input type="checkbox"/>	Jointly by us	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

In respect of Term Deposit please send the renewal notice do not send the renewal notice

In case of United Bonanza Savings Account :

Minimum balance to be maintained in the SB Account Rs.

Amount of per unit of FD -- Rs.

Period of Term Deposit -- days

Standing Instruction :

Please debit monthly instalment of RD account from my savings bank account no. _____

Please credit monthly quarterly interest on Fixed Deposit to my savings bank account no. _____

In case the operation is by Either / Any One or Survivor

YES NO

The bank may, on receipt of a written application from either / any one or survivor of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grant loan /advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the term deposit or (c) close the account without reference to the other depositors. The Bank will be fully discharged while closing the account in this manner.

In case the operation is by Former or Survivor

YES

NO

The bank may, on receipt of a written application from Former of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grant loan / advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the term deposit or (c) close the account without reference to the other depositors. The Bank will be fully discharged while closing the account in this manner.

Date of birth (In case of minor)	Name of the Guardian & relationship	Whether under Natural or Legal Guardian

<p>I/We agree to be bound by the Bank's rules and regulations governing account from time to time. I/We will maintain minimum balance in the account and on the event of fall in the minimum balance the Bank may realise the service charge</p>	<p>Specimen Singnature</p>	
<p>Full Signature</p>		
<p>1</p>		<p>1 _____</p>
<p>2</p>		<p>2 _____</p>
<p>3</p>	<p>3 _____</p>	

<p>I certify that I have known _____ _____ for past _____ months/years and confirm his/her/their occupation and address. I also confirm that I know all the depositors</p> <p>Signature _____</p> <p>Name _____</p> <p>Account No. _____</p> <p>Address _____ _____</p>	<p>How do the depositors know the introducer?</p> <p><input type="checkbox"/> Relation <input type="checkbox"/> Neighbour</p> <p><input type="checkbox"/> Colleague <input type="checkbox"/> Friend</p> <p>Others (Please specify) _____</p> <hr/> <p>If the account is to be opened on self introduction, description of the papers furnished.</p>
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Paste one passport size
 photograph and sign
 across it in presence of
 the branch official

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 the branch official

For Office use :

Verified Introducer's Signature. Official's Name : _____ Official's Signature : _____

Account opened on : DD/MM/YYYY	□□	□□	□□□□	
Letter of thanks sent to customer on : DD/MM/YYYY.	□□	□□	□□□□	
Acknowledgement received from customer on : DD/MM/YYYY	□□	□□	□□□□	
Letter of patronage sent to the introducer on : DD/MM/YYYY	□□	□□	□□□□	
Reply received from the introducer on : DD/MM/YYYY	□□	□□	□□□□	

Name of the Second Official _____ Signature of the Second Official _____

Form No. DA-1 for nomination is executed below

Do not require nomination

Please do not indicate the nomination on the passbook / deposit receipt

FORM-DA1

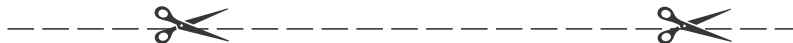
Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking (Nomination) Rules 1985 in respect of Bank Deposits

I / We _____ nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by United Bank of India. _____ Branch (Name and Address of the branch / Office in which deposit is held)

Particulars of Nominee

Name	Address	Relationship with Depositor, if any	Age	If noiminee is minor, his/her date of birth

cut here



cut here

UNITED BANK OF INDIA

.....Branch

Shri/Smt.....

Dear Sir/Madam

Date.....

We acknowledge nomination made by you in favour of Shri/Smt..... aged.....years in respect of your account.....numbering.....on the basis of DA 1 Form dated.....

Yours faithfully

Branch Manager

†2 As the nominee is a minor on this date, I / We appoint Shri/Smt/Kum_____ to receive the amount of the deposit on behalf of the nominee

(Name, Address and Age)
in the event of my/our/minor's death during the minority of the nominee.

Place :

Date :

* Signature(s) / Thumb Impression(s)@ of the depositor (s)

Names, Signature and addresses of witnesses.....

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† Strike out if the nominee is not a minor @ Thumb impression shall be witnessed by two witnesses

* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

Additional Information : (Please put a ✓)

Depositor		First	Second	Third
Annual Income	Less than Rs. 50,000/-			
	Rs. 50,000/- to Rs. 1 Lac			
	Rs. 1 Lac to Rs. 2 Lac			
	Rs. 2 Lac to Rs. 5 Lac			
	Rs. 5 Lac to Rs. 10 Lac			
	Above Rs. 10 Lac			
Principal Economic Activity	Agriculture			
	Salaried			
	Professional			
	Business			
	Retired			
	Others			
	Nil			
Residence	Own			
	Family			
	Employer			
	Rented			
	Others			
Source of Wealth	Self Acquired			
	Inherited			
	Gifted			
	Others			

Depositor		First	Second	Third
Educational Qualification	High School Leaving			
	Graduate			
	Post Graduate			
	Professional			
	Others			
Assets	Two Wheeler			
	Four Wheeler			
	Insurance Policy			
	Investment			
Do you have Credit Card? If so, which Card?				
How many times have you been abroad in last three years				
Dealing with other Banks, if yes, give particulars				
Signature				

CONFIDENTIAL

UNITED BANK OF INDIA

.....Branch

CUSTOMER PROFILE

Name	Name of
(1)	†F/M/H
(2)	†F/M/H
(3)	†F/M/H

Address of Communication :

Telephone Number : (R) (O)
(Mob.)

Type of Account & Account Number

Date of Opening the Account :

Residential Status : Resident /Non Resident

Sex : Male / Female

Age :Years

Educational Qualification : (a) School Final (b) Graduate
(c) Post Graduate (d) Professional (e) Others

Principal Economic Activity :

Annual Income :

Annual Turnover expected :

Purpose of opening the account :

Classification of the Account as : Low Risk / High Risk

Observation of the official opening the account :
(Briefly indicate reason for risk classification also)

Signature of the Bank Official

Date :

† F-Father, M-Mother, H-Husband
^ Should be based on Annual Income
* To be obtained through discussion
High Risk : Customer transactions crossing threshold limit
Low Risk : Pensioner's Account, Priority Sector/Micro Credit Account, Accounts opened for disbursing funds under Government Sponsored Schemes.

BUSINESS PROFILE

Geographical Location of the Business :

Nature/Activity of Business/Occupation :

Estimated income from the business :

Any other source of income :

Total annual income :

Approximate value of movable and
Immovable assets :

Details of existing bank accounts :

Detail of Credit Facilities, if any, availed :

Details of foreign countries, if any, visited
during last three years :

Signature of the Customer

Signature of the Bank Official