

# APPLICATION FOR OPENING AN ACCOUNT (For Individuals only)

# **ONLY FOR NERL CLIENTS**

| (Pleas      | e fi        | ll in C  | API       | TAL         | LET   | TER      | <b>S</b> or | nly) | -        | 1        |              | 1   | -        | T   | -     | -   |      |               |      |     |      |       |      |          |        |     |          |    |    | r   |          |            | -        |          |
|-------------|-------------|----------|-----------|-------------|-------|----------|-------------|------|----------|----------|--------------|-----|----------|-----|-------|-----|------|---------------|------|-----|------|-------|------|----------|--------|-----|----------|----|----|-----|----------|------------|----------|----------|
| Com<br>Part | tra<br>icir | ock /    | Rep<br>Na | osito<br>me | ory   |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      | 1        |          |              |     | 1        |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            | İ.       |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            | 1        |          |
| Add         | res         | 55       |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        | Pi  | in       |    |    |     |          |            |          |          |
|             | _           |          |           |             |       |          |             |      | <u> </u> | <u> </u> |              |     |          |     |       |     |      |               |      |     | _    | . г   |      | 1        | -      | -   |          |    | 1  |     |          | <u> </u>   |          | 1        |
| Appl        | ica         | tion     | No.       |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               | Refe | ren | ce N | о.    |      |          |        |     |          |    |    |     |          |            |          |          |
| Date        |             | Г        |           |             |       |          |             |      | 1        |          |              |     |          | ont | ID    |     |      |               |      | 1   |      |       |      |          |        |     |          |    |    |     | $\neg$   | <b>—</b>   |          |          |
| Date        |             | L        |           |             |       |          |             |      |          |          | <b>A</b> a a |     |          |     |       |     |      |               |      |     |      | - (D  |      | e fil    | 1.1.00 |     |          |    | TT |     |          |            |          |          |
|             |             |          |           | wer         | equ   | iest     | you         | 1 10 | ope      | n an     | ACC          | oun |          | my, | / our | nan | ne a | is p          | ertn | ea  | etan | S. (P | leas | se m     | i in ' | CAP | IIA      |    |    | EKS | oniy     | <b>9</b> . |          |          |
| Sole        | / F         | irst     | Ho        | der         | s D   | eta      | ils         | - т  | itle     |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             | -    |          |          | -            |     |          |     |       |     |      |               |      | _   |      |       | 7    |          |        |     |          |    |    |     |          | _          |          |          |
|             |             |          | м         | r.          |       |          |             |      |          |          |              |     |          |     | Мі    | s.  |      |               |      |     |      |       |      |          |        |     | Ms       | 5. |    |     |          |            |          |          |
|             |             |          |           |             |       | _        |             |      |          |          | _            |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| First       | Na          | ame      |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Midd        | lle         | Nam      | е         |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Last        | Na          | me       |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Fath        | er          | / Hu     | sbaı      | nd Na       | ame   | e        |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              | 1   |          | 1   |       |     |      |               |      |     |      |       |      |          |        |     | -        |    |    |     |          |            |          | _        |
| Pern        | nar         | nent     | Add       | ress        | -     |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          | P      | Pin |          |    |    |     |          |            |          |          |
|             |             |          |           |             |       | _        | _           |      |          |          |              |     |          | 1   |       | _   |      |               | -    |     |      |       |      | 1        | 1      | -   | -        |    | -  |     |          | ,          |          |          |
| City        |             |          |           |             |       |          |             |      |          |          |              |     |          |     | _     |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          | _        |
| State       | e           |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Com         |             |          |           |             | مبياه |          |             |      |          |          |              |     | 1        | 1   |       |     |      |               |      |     |      |       |      |          |        |     | Т        |    |    |     |          |            |          |          |
| Corr        | esp         | ond      | ence      | : Ad        | are   | 55       | +           |      |          |          |              |     |          |     | _     |     | +    | $\rightarrow$ | -+   |     |      |       |      |          |        |     | +        | +  | -  | -+  | -+       |            |          |          |
| $\vdash$    |             | <u> </u> |           | -           | +     | _        | +           |      |          |          |              |     | <u> </u> | -   | -     |     | _    |               | -+   |     |      |       |      | <u> </u> |        |     | +        | +  | _  |     | -+       |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     | _     |     |      |               |      |     |      |       |      |          |        |     |          | _  |    |     |          |            |          |          |
|             |             |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          | P      | Pin |          |    |    |     |          |            |          |          |
| City        |             |          |           |             |       |          |             |      |          |          |              |     |          | 1   |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
|             | _           |          |           |             |       | _        |             |      |          | -        |              |     |          |     | +     | -   | -    |               |      |     |      |       |      |          |        |     | +        | -  |    |     |          |            |          |          |
| State       | e           |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Tel N       | 10.         |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      | Fa  | ax N | о. Г  |      |          |        |     |          |    | Т  |     | Т        |            |          |          |
| PAN         |             |          |           |             |       | $\vdash$ |             |      | $\neg$   |          |              |     |          |     |       | +   |      |               |      |     |      | L     |      | D.0      | .B     |     | $\vdash$ | -  | +  |     | $\dashv$ | -+         |          |          |
| Mobi        |             | No.      |           |             |       | ⊢        |             |      | -+       |          |              |     |          |     |       | -   |      |               |      |     |      |       |      |          |        | L   | 1        |    |    |     |          |            | <u> </u> | <u> </u> |
| . 100       |             |          |           |             |       | L        |             |      | 1        | I        |              |     |          |     | 1     |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          |            |          |          |
| Ema         | il          |          |           |             |       |          |             |      |          |          |              |     |          |     |       |     |      |               |      |     |      |       |      |          |        |     |          |    |    |     |          | Τ          |          |          |
|             |             |          | L         |             |       |          |             | 1    | -        |          |              |     |          |     |       |     |      |               | -    | -   |      |       |      | L        | ·      |     |          |    |    |     | <u> </u> |            |          | i        |

# **Bank Details:**

| Bank Name | Branch Address | Bank<br>Account No. | Account Type:<br>Saving/Current/Others | MICR Number | IFSC code |
|-----------|----------------|---------------------|--|-------------|-----------|
|           |                |                     |  |             |           |
|           |                |                     |  |             |           |
|           |                |                     |  |             |           |



### Joint Holders - Second Holder's Details - Title

|              | Mr   | -    |      |     |       |       |   |   |           |              | Mrs. |     |             |              |               |              |              |   |     |      | I        | Ms. |   |   |     |      |    |   |
|--------------|------|------|------|-----|-------|-------|---|---|-----------|--------------|------|-----|-------------|--------------|---------------|--------------|--------------|---|-----|------|----------|-----|---|---|-----|------|----|---|
| First Name   |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Middle Nam   | е    |      |      |     | _     |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Last Name    |      |      |      |     |       | _     |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Father / Hus | sban | d Na | me   |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Permanent    | Addr | ess  |      |     |       |       |   | Т | Т         |              |      |     | T           | 1            | Τ             |              |              | 1 |     |      |          |     |   |   |     |      |    | T |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      | +    |      |     |       |       |   |   | +         |              |      |     |             |              |               |              |              |   |     | P    | in       |     |   |   |     | -    |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     | -    | <u> </u> |     |   |   |     |      |    |   |
| City         |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| State        |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       | 1     |   | 1 |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    | 1 |
| Corresponde  | ence | Add  | ress | 5   |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     | Pi   | n        |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| City         |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| State        |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      | r    |     |       |       |   |   |           |              |      |     |             |              |               |              | E            |   |     |      |          |     |   |   |     |      |    |   |
| Tel No.      |      |      |      |     |       |       |   |   |           |              |      |     |             |              | Fa            | ax N         | о.           |   |     |      |          |     |   |   |     |      |    |   |
| PAN          |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   | D.0 | .в   |          |     |   |   |     |      |    |   |
| Mobile No.   |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      | 1    | 1    | -   |       |       |   |   | <u> </u>  |              | 1    | -   |             |              | -             |              |              |   |     |      |          |     | - | - |     |      |    |   |
| Email        |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Bank Detail  | s:   |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| Bank Nar     | ne   |      | Bra  | nch | n Ada | dress | 5 |   | E<br>Acco | Bank<br>ount |      | Sav | Ac<br>/ing/ | cour<br>/Cur | nt Ty<br>rent | /pe:<br>:/Ot | <u>her</u> s |   | MI  | CR N | lum      | ber |   |   | IFS | C co | de |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
|              |      |      |      |     |       |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |
| laint Halda  |      |      | _    |     | _     |       |   |   |           |              |      |     |             |              |               |              |              |   |     |      |          |     |   |   |     |      |    |   |

#### Joint Holders – Third Holder's Details - Title

| Mr.                             | Mrs.                  | Ма  | s. |
|---------------------------------|-----------------------|-----|----|
| First Name Middle Name          |                       |     |    |
| Last Name Father / Husband Name |                       |     |    |
| Permanent Address               | + $+$ $+$ $+$ $+$ $+$ |     |    |
|                                 |                       |     |    |
|                                 |                       | Pin |    |
| City State                      |                       |     |    |



Monthly

Quarterly

| Сог  | resp | ond | ence | Add | Iress | 5 |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
|------|------|-----|------|-----|-------|---|---|---|---|---|---|---|---|---|---|---|------|-----|-----|---|-----|-----|----|---|--|------|---|--|
|      |      |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
|      |      |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
|      |      |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     | P   | in |   |  |      |   |  |
|      |      |     |      |     |       |   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |      | 1   | 1   | 1 | 1   |     | 1  |   |  |      | 1 |  |
| City | /    |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
| Sta  | te   |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
|      |      |     |      |     |       |   |   | T | T | T | 1 |   | 1 |   |   | 1 |      |     |     |   |     |     |    |   |  |      |   |  |
| Tel  | No.  |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      | Fax | No. |   |     |     |    |   |  |      |   |  |
| PAI  | N    |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   | D.0 | ).В |    |   |  |      |   |  |
| Mo   | bile | No. |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |
|      |      |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   | <br> |     |     |   |     |     |    | - |  | <br> |   |  |
| Em   | ail  |     |      |     |       |   |   |   |   |   |   |   |   |   |   |   |      |     |     |   |     |     |    |   |  |      |   |  |

#### **Bank Details:**

| Bank Name | Branch Address | Bank<br>Account No. | Account Type:<br>Saving/Current/Others | MICR Number | IFSC code |
|-----------|----------------|---------------------|--|-------------|-----------|
|           |                |                     |  |             |           |
|           |                |                     |  |             |           |
|           |                |                     |  |             |           |

## Nomination: - YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, Kindly fill the Nomination request form)

#### **Account Statement Requirement**

I/We have read the Rights and Obligation of client and CP / RP document including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Business Rules & Bye Laws of NERL as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

Fortnightly

|                     |  | Fi | rst | Hold | ler |  |  |  | Sec | ond | l Ho | ldeı | r |  |  | Th | ird | Hole | der |  |  |
|---------------------|--|----|-----|------|-----|--|--|--|-----|-----|------|------|---|--|--|----|-----|------|-----|--|--|
| Name                |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
| Name                |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
|                     |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
| Occupation          |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
| Occupation          |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
| Signature           |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |
| Passport Photograph |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |    |     |      |     |  |  |



Details of Guardian (in case holder is minor):

| Mic<br>Las | ldle<br>st Na | ame<br>Nar<br>ame | ne   |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
|------------|---------------|-------------------|------|-----|------|------|---|---|---|------|---|---|-------|---|---|----|------|----|------|------|------|-------|---|--|--|
|            |               |                   |      |     |      | ican | τ |   |   |      |   |   | <br>  |   |   |    |      |    |      |      |      |       |   |  |  |
| Со         | rres          | pon               | deno | e A | ddre | SS   |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
|            |               |                   |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
|            |               |                   |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
|            |               |                   |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      | Pin  |      |       |   |  |  |
|            |               |                   |      |     |      | _    |   |   |   | <br> |   | r | <br>_ |   |   |    |      |    |      | <br> | <br> | <br>  |   |  |  |
| Cit        | y             |                   |      |     |      | _    |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      | <br>  |   |  |  |
| Sta        | te            |                   |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
|            |               |                   | _    |     |      |      |   | - |   |      | - |   |       | - |   |    |      |    | <br> |      | -    | <br>_ | - |  |  |
|            | No.           |                   |      |     |      |      |   | _ |   |      |   |   |       |   | - | Fa | x No | ). | <br> |      |      |       |   |  |  |
| PA         | N             |                   |      |     |      |      |   |   | Ц | <br> |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
| Мо         | bile          | No.               |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |
| Em         | ail           |                   |      |     |      |      |   |   |   |      |   |   |       |   |   |    |      |    |      |      |      |       |   |  |  |

|                    |  | Fi | rst | Hold | ler |  |  |  | Sec | ond | l Ho | lder | r |  |  | Thi | ird | Hole | der |  |  |
|--------------------|--|----|-----|------|-----|--|--|--|-----|-----|------|------|---|--|--|-----|-----|------|-----|--|--|
|                    |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |     |     |      |     |  |  |
| Name               |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |     |     |      |     |  |  |
|                    |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |     |     |      |     |  |  |
| Specimen Signature |  |    |     |      |     |  |  |  |     |     |      |      |   |  |  |     |     |      |     |  |  |

## (Please Tear Here)

### Acknowledgement Receipt

We hereby acknowledge the receipt of the Account Opening Application Form from: -

| Name of the Sole / First Holder |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|
|                                 |  |  |  |  |  |  |  |  |  |
| Name of the Second Holder       |  |  |  |  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |  |
| Name of the Third Holder        |  |  |  |  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |  |

Signature