

# SULAIMANI CO - OPERATIVE BANK LIMITED

Head Office: Rasul Khan Pathan Road Mogalwada, Vadodara 390 017

H.O. PH.: 0265-2562216/256007

Tell : 7229080409

Email: [info@sulbank.in](mailto:info@sulbank.in)

Website: [sulbank.co.in](http://sulbank.co.in)

## APPLICATION FORM FOR SAVING/CURRENT/THRIFT/FIXED DEPOSIT

NOTE: Please fill the form in Capital Letters

Branch Name \_\_\_\_\_ Date of Application \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

Name : Mr./Mrs./Ms \_\_\_\_\_

I/We the account holders of the mentioned account hereby request the following changes/ action in the mentioned account. I/We accept full responsibility and agree not to make any claims against SULAIMANI CO-OPERATIVE BANK LTD in respect there to.

(Please Tick the required Field/ Fields)

- **Change in Address:**

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

- **Change in Mobile No:**

Old Number: \_\_\_\_\_

New Number: \_\_\_\_\_

- **Addition/ Changes in the Joint Holders:**

Addition/ Deletion of the Name: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

- **Nominee Registration:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

- **Mode Of Operation:** \_\_\_\_\_

- **Request for Account Closure:**

Please make Payment By: 1) Cash 2) Transfer to \_\_\_\_\_

3) Cheque in Name Of : \_\_\_\_\_

**Authorized**

**Signature/s:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_