





## Introduction by existing Member of Al Habib Islamia M.S. Co-Operative Soc Ltd

I \_\_\_\_\_ (Name) A/C No: \_\_\_\_\_ confirm that I am an account holder with Al Habib Islamia M.S. Co-Operative Soc. Ltd. and that I know Mr./Mrs./Ms. \_\_\_\_\_ since last \_\_\_\_\_ months/years. I also confirm his/her/their identity, occupation and address as stated in this application to open account.

Signature (s)/ Left hand thumb impression(s) of the Introdusor's

## Nominee Details

I/we (Name) \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Nominate the following person to whom in the event of my /our death the amount of deposit in the above account may be returned by Al Habib Islamia M.S. Co-Operative Soc.Ltd.

In case of Deposit is in the name of minor of then DOB of Minor.....  
 Guardian Declaration

Signature (s)/ Left hand thumb impression(s) of the Depositor's

I hereby declare that the date of birth of minor which is my \_\_\_\_\_ is and I am his / her natural and lawful guardian/guardian appoited by court order \_\_\_\_\_ ( copy enclosed ) . I shall represent the said minor in all future transaction of any description in the above account untill said minor attains majority. I declare that the amount withdrawn from this account by me will be used for the benifit of the minor. I indemnify the company against the claim of the above minor for any withdrawal / transaction made by me in his / her account.

Signature (s)/ Left hand thumb impression(s) of the Guardian

## Service Request & Declaration

ATM / Debit Card :  Yes  No  
 SMS Alert :  Yes  No  
 Mobile Banking :  Yes  No  
 Email Statement :  yes \_\_\_\_\_  No  
 2000 and Above Maintanance Account :  Yes  No  
 (for High Value Transaction & Loan Service)

- 1) I/ we declare that I/ we have read and agreed upon the rules and regulations of ALHabib Islamia M.S. Co-Operative Soc. Ltd..in force and also framed from time to time by the society.
- 2) I/ we authorize the society to invest the amountin my / our Investment Deposit Account in any profitable businesses on profit loss sharing system. I/we hereby indemnify the society and its office bearers from any loss that might occur in business on normal market risk.
- 3) I/ we agree to refer our problem, in case of any dispute, to Grievance Redressal Cell of Society whose decision will be binding on me / us. One of my/our representative will join Grievance Redressal Cell for discussion and decision.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (s)/ Left hand thumb impression(s) of the Depositor's

## Signature of Authorised Signatories (Presence of the Society's Officials)

(One Sing across the photograph)

1st Applicant		2nd Applicant	
Passport Size Photograph	Signature (s)/ Left hand thumb impression(s) of the 1st Applicant	Passport Size Photograph	Signature (s)/ Left hand thumb impression(s) of the 2nd Applicant
	Signature (s)/ Left hand thumb impression(s) of the 1st Applicant		Signature (s)/ Left hand thumb impression(s) of the 2nd Applicant

Mode of Operation :  Self  Jointly  Either Or Survivor  Any Two Jointly

## Office Use

Membership No: \_\_\_\_\_

A/C No: \_\_\_\_\_

Sing by depositer in my presence. Original document Verified by me & found ok.	Account opened & Verified by	Authorised by
Signature of Employee Employee Name with (Code) No :	Signature of Officer Officer Name with (Code) No :	Signature of Authoriser Authoriser Name with (Code) No :