



# Samata Co-operative Development Bank Ltd.

**Main Branch-cum-Registered Office :-**

**Karunamoyee Community Centre-cum-Commercial Complex  
(1st Floor), Block-ED, Salt Lake City, Sector - II, Kolkata-700 091**

Phone : (033) 2358 3882 / 3883 | Website : www.samatabank.org | E-mail : info@samatabank.org

## APPLICATION FORM

To  
Branch / Chief Manager  
SAMATA CO-OP. DEV. BANK LTD.

A/C. No.

Date:

Dear Madam / Sir,

**KINDLY ACCEPT MY REQUEST  
TICK THE REQUIRED SERVICE**

1.  **For Issue of Cheque Book** : Please issue 15 / 45 leaf ORDER/BEARER Cheque book for my/our SB / CD / CR / OD & debit charges (if any) from my/our account.
2.  **For Cheque Book Facility** : Please provide Cheque Book Facility in my / our SB / CD / OD Account.
3.  **For Transfer of Account** : Please transfer my / our A/c to Branch Name \_\_\_\_\_ (Code \_\_\_\_\_)
4.  **For Closure of Deposit Account** : Please close my / our SB / RD / CCA / FDM / SDQ A/C \_\_\_\_\_ and credit the amount in my / our CD / SB / CR / ODA/c \_\_\_\_\_ or pay in cash (if permitted).
5.  **For issue of Duplicate Passbook** : Please issue a duplicate passbook (copy of FIR / GD enclosed) & debit charges (if any) from my account.
6.  **For Change of Mobile No.** : Please update my new mobile No. in my A/c. New Mobile No. \_\_\_\_\_
7.  **For SMS alert** : Please Provide / Stop SMS Alert Facility on my/our Account. Mobile No. \_\_\_\_\_
8.  **For Issue of ATM Card** : Please issue ATM Card on my/our Account.
9.  **For ATM PIN Regeneration** : Please regenerate ATM PIN (Card No. \_\_\_\_\_) & debit Charges (if any) from my Account.
10.  **For ATM Card Replacement** : Please issue another ATM Card & debit charges (if any) from my account. Old Card has been blocked by me (Ticket No. \_\_\_\_\_).
11.  **For Standing Instruction** : Please transfer Rs. \_\_\_\_\_ (per month) starting on \_\_\_/\_\_\_/\_\_\_ from my/our SB/CCA/OD/CCAC. to RD/CCA/BG/SB/CC/LoanAC. \_\_\_\_\_ & debit charges (if any) from my account.
12.  **For Cancellation of Pay Order / BG** : Please cancel the Pay Order / BG No. \_\_\_\_\_ issued on \_\_\_/\_\_\_/\_\_\_ in favor of \_\_\_\_\_ as it no longer needed by me. Debit charges if any and pay me the remaining amount in Cash or by Transfer to A/c No. \_\_\_\_\_.
13.  **For Change of e-mail ID** : Please Change / Update my E-mail ID to \_\_\_\_\_ in my CIF.
14.  **Change of Name / Address** : Please Change My/Our Name/Address.

Old Name / Address	New Name / Address
Name :	Name :
Address :	Address :

**Enclosed KYC Documents: Passport, Voter ID Card, Adhaar Letter, Driving License, PAN Card, NREGA Card.**  
I/We have read and agree to abide by the Bank's terms & conditions and rules in force and the changes there to and conditions from time to time relating to my/our account as communicated and made available on the bank's website  
Yours faithfully,

Signature (s) of Customer

Authorised Bank Official

Full Name: