



CITY UNION BANK LIMITED

Regd. Office: 149, T. S. R. Big Street,
Kumbakonam 612 001

S.I. No.

**ACCOUNT OPENING FORM
TAX SAVER GOLD DEPOSIT ACCOUNT**

Affix recent
passport size
photo here

The Branch Manager
City Union Bank Limited

Date : _____

_____ Branch

1. I furnish below the details as required (Strike out whichever is not applicable)

FIRST DEPOSITOR

JOINT DEPOSITOR

NAME _____
DATE OF BIRTH _____
S/D/W of _____
MOTHER'S NAME _____
OCCUPATION _____
RESI. ADDRESS _____

NAME _____
DATE OF BIRTH _____
S/D/W of _____
MOTHER'S NAME _____
OCCUPATION _____
RESI. ADDRESS _____

Pin: _____

Pin _____

PAN No.

Tel: _____ Mobile: _____ e-mail: _____

2. DEPOSIT DETAILS

AMOUNT / CHEQUE Rs. (Rupees.....)

DRAWN ONBANK

..... BRANCH

PERIOD OF DEPOSIT 5 years

3. TAX DEDUCTION AT SOURCE

TDS to be deducted, if applicable Yes No

For Office Use

Customer ID No..... Deposit No.....Date.....for Rs.....Issued

Nomination Registered Yes No.

OFFICER