

Reson

ACCEPTANCE LETTER

For NEW CONVERSION

- | | |
|--|---|
| <input type="checkbox"/> COSMO PREMIUM SAVING ACCOUNT | <input type="checkbox"/> COSMO PREMIUM CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO PREMIUM PLUS SAVING ACCOUNT | <input type="checkbox"/> COSMO PREMIUM PLUS CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO ROYALE SAVING ACCOUNT | <input type="checkbox"/> COSMO ROYALE CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO PREMIUM PLUS SALARY ACCOUNT | |

Mr/ Mrs/ M/s. _____
 Address _____

To,
 The Branch Manager
 The Cosmos Co-operative Bank Ltd.
 _____ Branch
 Sir/ Madam,

Date :

Sub: Acceptance of Terms & Conditions of Requested Scheme

I/ We am/ are presently maintaining Savings/ Current Account No. _____ with your branch and wish to shift the account to requested scheme

OR

I/ We wish to open new account in requested scheme with your Bank.

- I/ We have read the Rules, Terms & Conditions of the scheme relating to operations in the account, maintenance of prescribed balance, and applicable service charges for non maintenance of prescribed balance etc.
- I/ We hereby agree to abide by existing Rules, Terms & Conditions of the scheme and changes thereof from time to time.
- I/ We also hereby give my/ our acceptance to the Rules, Terms & Conditions for opening an account in requested scheme & agree to maintain the balance prescribed by the Bank from time to time.

Reservation : Minimum Balance and Service charges as fixed by bank from time to time will be applicable. For non maintenance of prescribed balance, Quarterly Charges will be levied. Bank reserves the right to revise the charges applicable to any of the chargeable services or to discontinue any of the free services without prior notice. Other rules applicable to saving / Current Bank Account will be applicable to requested scheme. If I / We fail to maintain the prescribe balance in the account under requested scheme, for consecutive 4 quarters, bank reserves the right to shift the account to Regular Saving / Current Account Scheme and withdraw the benefits offered under requested scheme without prior notice. I/We hereby give my/our consent for the same.

Thanking you,

- Mr/ Mrs./ M/s. _____ Signature _____
- Mr/ Mrs./ M/s. _____ Signature _____
- Mr/ Mrs./ M/s. _____ Signature _____
- Mr/ Mrs./ M/s. _____ Signature _____

(All the joint account holders should sign the acceptance letter and in case of Firm/ Company, all the Partners/ Directors should sign on behalf of the Firm/ Company & submit the Resolution, where necessary)

For Office Use Only

Account No. _____ Name _____

Customer ID : _____

Transferred to

- | | |
|--|---|
| <input type="checkbox"/> COSMO PREMIUM SAVING ACCOUNT | <input type="checkbox"/> COSMO PREMIUM CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO PREMIUM PLUS SAVING ACCOUNT | <input type="checkbox"/> COSMO PREMIUM PLUS CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO ROYALE SAVING ACCOUNT | <input type="checkbox"/> COSMO ROYALE CURRENT ACCOUNT |
| <input type="checkbox"/> COSMO PREMIUM PLUS SALARY ACCOUNT | |

NO 1029

Manager/ Asst. Manager