



The Amravati District Central Co-op. Bank Ltd.

H.O., Irvin Square, Camp Road, Amravati - 444603

Personalised (CTS) Cheque Book Request Form

The Branch Manager

Amravati DCC Bank Ltd.: _____ Branch: _____ Date of Request _____

Customer Name: _____

Cust. ID: _____ Account No.

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Account Type: Saving/Current/C.C./O.D. Staff/Non-Staff

Dear Sir/Madam,

I/We kindly request you to provide me/us CTS Cheque Book for my/our routine Banking Transactions

Issue CTS Cheque Book: _____ Nos (*Indicate No. of Cheque Book(s) Required*)

I have read, agree and understood the terms & conditions of CTS Cheque Book as per RBI direction by DPSS.CO.CHD.No/1112/04.07.05/27-12-11 of CTS 2010 standards & as explained to me.

Date: ____/____/____

Address: _____

Mobile No.: _____

Customer Signature _____