



TERM DEPOSIT Account Opening Form

Head Office : Hosapete

Branch : _____

Date : ___ / ___ / _____

Customer No.: PAN No.: A/c. No.

I/We wish to deposit in your Bank in Cash Certificate / Fixed / Recurring Deposit Rs. _____
(in Words) _____ for _____ days / months / years at
interest rate of _____ % p.a.

TDS exemption reason : 15H/15G/Co-op Society / _____ (Please fill 15H/15G form)

Category : Minor General Senior Citizen Individual Joint Societies Trust

	Name	Address	Contact No.
1.			
2.			
3.			
4.			
5.			

Date of Birth DD MM YY

Specimen Signature (Please sign in Black Ink)

1)	2)	3)	4)	5)
----	----	----	----	----

For All Joint Accounts with Operational Instructions as - Either or Survivor or anyone or survivor or Former or Survivor

In event of death of any of the Joint Depositors / Former / the latter / the latter / the first named / the second named etc, of us or Either or survivor of us. Anyone or survivors or survivor of us, the Bank, in its absolute discretion and subject to such terms and conditions as the bank may stipulate (a) grant a loan / advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceed of the deposit to the former / the latter / the first named of us / either the second or survivor of us etc. named of us / any one of us or survivors or survivors of us.

Operational Instruction

Either or survivor Jointly or survivor Former or Survivor Any one of us or any one of the survivor
or the last survivor Other (Please Specify) _____

Standing Instruction

1. Kindly Pay Interest at Monthly / Quarterly / Half Yearly / Yearly intervals by

Credit to SB/CD/CC/OD A/c. No. _____ at _____ Branch

Cash Pay Order

2. Kindly debit Yearly / SB / CA / OD for _____ to my /our.

SB/CD/CC/OD A/c _____ Branch.

Declaration

I/We declare confirm agree :

- That all the particulars and information given in the Application form are true, correct, complete and upto date in all respects and I/we have not withheld any information.
- That the rules of Terms Deposit Account of the Bank have been read by Me/US and that I/we accept them as binding upon me/us.

Note : If the depositor is illiterate, thumb impression should be attested by two witnesses

Your's Faithfully	Name, Address of Witness	Signature of Witness
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____

Date :

Place :

Reference

Name : _____

Type of A/c : _____ A/c No. : _____

Relation Ship : _____

I here by that the information provided above is true and correct to the best of my knowledge.

Signature Verified by

Name : _____ Employee Code : _____

Designation : _____ Signature : _____

Opening Details

Deposit Amount : _____ Deposit Date : _____

Amount : _____ Maturity Amount : _____ Maturity Date _____

Manager Officer ROI: _____

Receipt No. : _____

Nomination (For Individual / Sole Proprietorship Accounts only)

Nomination Form DA-1

HO : Hosapete

Branch : _____

Nomination : Required

Not - Required

I/We nominate Following named person as my/our nominee after my / our death and is entitled legally to receive the money as per Banking Regulation Act, 1949 and Co-operative Bank (Nomination) Rules 1985

(Only one person can be nominated per account)

Name & Address ಹೆಸರು ಮತ್ತು ವಿಳಾಸ	Age ವಯಸ್ಸು	Date of Birth (In case of Minor) ಹುಟ್ಟಿದ ದಿನಾಂಕ (ಅಪ್ರಾಪ್ತ ಇದ್ದಲ್ಲಿ)	Relation with Depositor ತೇವಣಿದಾರರೊಂದಿಗೆ ಸಂಬಂಧ

As the Nominee is minor on this date. I/We appoint Shri./Smt./Miss _____

Address : _____

to receive the amount of the deposit on behalf of the nominee in the event of my / our death during the minority of the nominee

* Note : If the depositor is illiterate, thumb impression should be attested by two witnesses.

Signature (s) of Depositor (s)

Signature (s) of Witness (es)

1.

2.

3.

Date : _____

Place : _____

FOR BANKS USE ONLY

A/c Opened On _____

Signature of Officer : _____ Manager : _____

Closing Details

A/c Closed On : _____ Interest Rate : _____

Amount : _____ Interest Amount Paid : _____ Total Amount Paid : _____

Credit to SB/CA: _____

Manager

Officer

PO/DD : _____ Date: _____

EFT : _____

