

3rd Applicant

Member No./Customer ID : _____

Name : _____

Gender : Male Female

Present Address : _____

_____ Pin code: _____

Permanent Address : _____

Pin Code : _____ DOB :

d	d	m	m	y	y	y	y
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Occupation : _____

PAN No. : _____

Father/Mother : _____

Spouse : _____

Mail ID : _____

Phone:- Residence : _____

Mobile : _____

Identity Proof Attached**Photo ID : No.** _____ Passport Voters ID Aadhar NPR PAN License Ration Card Other (Specify) _____**Address Proof:** Telephone Bill Electricity Bill Salary Slip Credit Card Statement Other (Specify) _____**Applicable for Institution/Society:-**

Customer ID : _____

Name of Institution/Society : _____

Nature of Business : _____

Registration No. : _____

Registering Authority : _____

Place of Registration : _____

Type of Constitution (Tick (✓) whether is applicable):- Firm Private Public Society Institution Trust Association Other (Specify) _____Date of Incorporation :

d	d	m	m	y	y	y	y
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Address : _____

_____ Pin Code : _____

PAN No.: _____

Phone:- Land Line : _____

Mobile : _____

Fax : _____

Mail ID : _____

****Attach Bylaw & Resolution******Interest Payment Mode: (Tick (✓) whether is applicable)** Monthly Quarterly Half Yearly Yearly Closing**Mode of Operation: (Tick (✓) whether is applicable)** Single Either or Survivor/s Former or Survivor/s Joint All/Both of us Survivor/s**Introduced by (Name & Address) :** _____

Tel. No. _____ Mob. No. _____ Type of A/c & No. _____

Signature:**Instructions Regarding Payment of Interest for the Term Deposit Only:** Credit monthly interest at discounted rate/quarterly interest to my/our SB/Current A/c No. _____ with you/your _____ Branch. Remit to me/us by Demand Draft /Manager/s Cheque/RTGS/NEFT Other (Specify) _____**Nomination facility is available to Deposit A/c. Nomination will be valid only if Form DA – 1 overleaf is duly filled up and signed by the depositor/s.**

Specimen Signature/Left hand thumb impression of applicants:

#	1 st Applicant (or Legal Person if Institution/Society)	2 nd Applicant (or Guardian Operating Minor's Account)	3 rd Applicant
1			
2			
3			

Declaration:-

- I/We agree to comply with and be bound by RBI directives and Bank's rules and regulations regarding the conduct of the a/c as well as any other rules governing the scheme/s in force from time to time.
- The Bank may on receipt of a written application from any one of us subject to the 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 (b) make premature payment of the proceeds of the deposit to any one of us (*Applicable for Either/Survivor or Former/Survivor*).

In case of death of any one amount is to be paid to the survivor.

Signature :

1 st Applicant	2 nd Applicant	3 rd Applicant

Due Date Intimation:

In the case of the Term Deposit whether the intimation of impending Due Date is to be sent at the given address. Yes No

Signature/Left hand thumb impression of depositor/s

Maturity Instruction:

Renew principal and interest for an identical period / for a period of _____.

Do not renew, close and transfer to SB/Current A/c No. _____ Bank _____

_____ Issue Managers Cheque/Demand Draft.

Verified and Account opened

Date

d	d	m	m	y	y	y	y
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A/c. No.

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Manager/Asst. Manager

* Strike out the inapplicable.
Guardian to sign, in the case of minor/s.
Thumb to be attested by the introducer and Manager/Asst. Manager.

* if no PAN/GIR No. is allotted a declaration in Form No. 60 or 61 to be submitted.
* "Income tax will be deducted wherever applicable unless Form – 15 – G/H is submitted"

FORM DA – 1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposit.

I/We (Name & Address) _____

_____ nominate the following person to whom in the event of my/our minor's death the amount of the deposit, particulars where of are given below may returned by _____ (Name and address of branch/office in which deposit is held)

Details of Deposits		Nominee			
Nature	Account No.	Name	Address	Relationship with depositor If any	If nominee is a minor, Date of birth & age

*As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum. _____ (Name address and age).

To receive the amount of the deposit on behalf of the nominee in the event of my/our/minors, death during the minority of the nominee.

Place : _____

Date :

d	d	m	m	y	y	y	y
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Signature/Left hand thumb impression of depositor/s

Name, Signature & Address of witness/es
1) _____
2) _____

Nomination No.: _____

For Bank use :

We certify that

- 1) Verified the documents attached with the originals, as per KYC/AML guidelines and account opened.
- 2) PAN verified at the Income tax Department website.
- 3) We have explained the benefits of nomination to the customer and he has accepted/declined.
- 4) Adhar number has been linked to A/c.

Manager/Asst. Manager

* Strike out if nominee is not a minor.
Whether deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. If the party is affixing thumb impression, it should be attested by two witness and manager/Asst. Manager.

NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON