THE SHORANUR CO-OPERATIVE URBAN BANK LTD NO. F 1639

ACCOUNT OPENING FORM FOR FIXED DEPOSITS

To

Manager

_____ Branch

A/c. No.	
Member No.	

Dear Sirs, Date.....

I/We request you to open a Fixed/ Abhivridhi Deposit Account in my/our name /s in accordance with the Rules of the Bank, On the following terms and conditions and issue me/us a Deposit Receipt.

Amount of deposit Rs

Rupees : .....

Period of Deposit :	Rate of Interest :	Mode of Interest payment
____ Days ____ Months ____ Years	_____ % p.a.	Monthly / Quarterly / Half Yearly / Yearly / On Maturity Credit CA/SB A/c No..... with you/your ...../Branch

Name in full (in capitals)	Date of Birth	Occupation	Father's/Husband Name
1.			
2.			
3.			

Address of the 1st Depositor

.....

.....

..... Pin

Tel No. (R) ..... (M) .....

E-mail ID : .....

PAN/GIR No. .....

Or attach From No. 60/61 as per IT Rules

A/c. No.

Address of the Other Depositors :

2 .....

.....

..... Pin

3 .....

.....

..... Pin

In case of Minor :

Name of Minor : .....

Name of the Guardian :.....

Date of Birth :..... Relationship :.....

Payable to ☐ Either or Survivor ☐ No.1 or Survivor/s

☐ Jointly, ☐ No..... or Suvivor/s ☐ Illiterate Depositor or Survivors/s

Standing Instructions if any :

(Please tick the appropriate box)

a) I/We enclose copy of the following as proof of address; ☐ Electricity Bill, ☐ ID Card issued by reputed Employer, ☐ IT Assessment Order ☐ Driving Licence ☐ Property Tax Paid Receipt ☐ Passport ☐ Voter's ID Card, ☐ PANCard, ☐ Other Document/s acceptable to the Bank (specify).....

b) Nomination Facility : ☐ opted (Please fill up Form DA - 1) ☐ Not opted

c) Whether Due Notice is to be sent ☐ yes, ☐ No

DECLARATION

I/We hereby confirm that the Rules of Business have been read by me/us and/or explained to me/us. I/We have understood and agreed to be bound by the Banks Rules governing such Accounts from time to time. I/We confirm that I am/we are Indian National/s and resident/s of India/I/We hereby declare that the above information is true and correct.

Your's faithfully,

1. ✗

2.

3.

(SPECIMEN SIGNATURE)

1. ✗ ..... 3. .....

2. .....

(Depositor/s to sign before the Bank Officer)

INTRODUCTION

I know the applicant/s personally for a period of ..... year/s and confirm his/her/their address stated in the application. I recommend that the Bank may consider to open the Account.

Name :.....

Address : .....

.....

..... PIN

A/c No.

Signature of Introducer

(FOR OFFICE USE)

Deposit accepted at .....% p.a.

Signed before me

introducer's signature verified

Acctt./Manager

Permitted to Open Account

.....

Manager General Manager

Date :

Photograph's of the Depositor/s

1st Depositor	2nd Depositor	3rd Depositor

NOMINATION FORM DA - 1

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR/S)

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

I/We ..... (Name/s and Address/es) Nominate the following person to whom, in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below, may be returned by The Shoranur Co-operative Urban Bank LTd

(Name and address of the Branch / Office in which deposit is held.)

Deposit : .....

Nature : .....

Distinguishing No. :.....

.....

.....

NOMINEE :

Name : .....

Address : .....

.....

.....

Additional details if any : .....

Relationship with depositor if any : ..... Age : .....

If Nominee is a minor, Date of Birth : .....

* As the Nominee is a Minor on this date, I/We appoint Sri/Smt/Kum..... (Name, Address, Age) to receive the amount of the deposit on behalf of the nominee in the event of my / our/ minor's death during the minority of the nominee.

Place :

Date :

**Signature/s Thumb Impression of Depositor/s

WITNESSES

Name : .....

Signature : .....

Address : .....

.....

.....

.....

.....

.....

.....

* Strike out if Nominee is not a Minor

** Where the deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of minor.

*** Thumb impression/s shall be attested by two witnesses.

FOR OFFICE USE

Nomination Accepted and Registered vide Regn. No..... dated .....

For The Shoranur Co-op. Urban Bank Ltd.

Manager

PARTICULARS OF RENEWALS

A/c. No.	Date of Renewal	Amount Rs.	Period	From	To	Rate of Interest	Sig. of Officer	Sig. of Manager