

**TERM DEPOSIT ACCOUNT OPENING FORM -**

EXCLUSIVELY FOR THOSE HAVING SAVING / CURRENT ACCOUNT

(FOR KYC COMPLAINT CUSTOMERS ONLY) (SB / CD A/c. No. \_\_\_\_\_)



Regd. Office: Madhukunj, P-52, MIDC, Kalyan Shil Road, Sonarpada, Dombivli (East).

Branch Code    Customer No.          A/c No.             Type of Deposit Account -  Recurring  Dhansagar  Cash certificate  ArthvrudhiFixed Deposit MLY./ QLY./ H-YLY./ YLY. 

TDS Exemption - Shareholder Yes/No (Member No. \_\_\_\_\_), 15H / 15G (Dt. \_\_\_\_\_). Reg. Society - Yes/No.

Date - \_\_\_\_\_

I/We hereby request you to open in your books of account in my/our name/s for which I/We deposit amount by cash/

Cheque No. \_\_\_\_\_ drawn on \_\_\_\_\_ Transfer form A/c \_\_\_\_\_ ₹ \_\_\_\_\_/-

(in words ₹ \_\_\_\_\_)

	Surname	First Name	Middle Name	Minor/minor's Guardian	SB/CD A/C No.
Mr./Mrs.					
Mr /Mrs					
Mr./Mrs					

Nationality \_\_\_\_\_ Senior Citizen: Yes/No

	Date of Birth	PAN No.	Sex (M/F/Other)	Relationship with First Applicant
1 <sup>st</sup> Applicant				
2 <sup>nd</sup> Applicant				
3 <sup>rd</sup> Applicant				

Address for Correspondence: \_\_\_\_\_

Tel. No (R) \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Deposit for the period \_\_\_\_\_ Days/Months / Years Mode of Operation Self \_\_\_\_\_

Date of Maturity \_\_\_\_\_ E or S \_\_\_\_\_

Rate of Interest @ \_\_\_\_\_ % Any One or Survivor \_\_\_\_\_

AUTO RENEWAL  YES  NO  Jointly/Jointly by \_\_\_\_\_**Special Instruction:**

- Please Credit Monthly/Quarterly/Half-yearly or Yearly interest to SB/CD/CC A/c No. \_\_\_\_\_ with \_\_\_\_\_ Branch or IFSC \_\_\_\_\_ A/c No. \_\_\_\_\_ of \_\_\_\_\_ Bank, \_\_\_\_\_ Branch
- Please Debit ₹ \_\_\_\_\_ to my SB/CD/CC A/C. No. \_\_\_\_\_ for credit to RD A/c No. \_\_\_\_\_ P.M.
- In the case of the deposit held by Joint holders, in the event of death of one of Joint holders, premature withdrawal of the deposit amount be allowed to surviving holder/s of the deposit.

I/We declare that Bank's Term Deposits rules have been read by me/us and I/We accept them as binding upon me/ us. The Bank reserves the right to change the rules from time to time.

**KINDLY REGISTER NOMINATION AS MENTIONED OVERLEAF**

Latest Photograph If not already given	Latest Photograph If not already given	Latest Photograph If not already given
Specimen Signature / Thumb	Specimen Signature / Thumb	Specimen Signature / Thumb

## NOMINATION FORM

Nomination under sec. 45 ZA of the Banking Regulation Act: 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1995 in respect of Bank Deposit.

(Name & Address)

I/We \_\_\_\_\_

Nomination the following person to whom in the event of my/our/minor's death the amount of deposit in the account particulars where of are given below, may be returned by **Dombivli Nagari Sahakari Bank Limited** \_\_\_\_\_ Branch.

Nature of deposit & Number	Name and address of Nominee	Relationship with Depsitor, if any	Age	If Nominee is minor, his date of birth

(Name & Address)

@As nominee is minor on this date I/We appoint \_\_\_\_\_ to receive the amount deposit in

the account on behalf of the nominee in the event of my/our/minor's death during the minority if the nominee.

Signature of depositor (s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

As Depositor(s) is/are illiterate his / her thumb impression is attested by two witnesses as follows

Signature of witness No.1. \_\_\_\_\_ Signature of witness No.2. \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

### FOR OFFICE USE

Branch Code \_\_\_\_\_ Customer No. \_\_\_\_\_ Account No. \_\_\_\_\_

Type of Deposit Account -  Recurring  Dhansagar  Cash certificate  Arthvrudhi

Fixed Deposit  MLY./QLY./H-YLY.

TDS Exemption Reasoning:- Share Holder Y/N \_\_\_\_\_ (Membership No. \_\_\_\_\_)

15H/15G(Submitted on Dt \_\_\_\_\_ ) 3. Reg. Society Y/N \_\_\_\_\_

**DEPOSIT ACCEPTED - Authorised Signatory** \_\_\_\_\_ **Date :** \_\_\_\_\_

Nomination Registration No. \_\_\_\_\_

All details noted as above

Details Entered by - Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date : \_\_\_\_\_

Entry Authorized by - Name : \_\_\_\_\_ Signature \_\_\_\_\_ Date : \_\_\_\_\_