



# DOMBIVLI NAGARI SAHAKARI BANK LTD. (Scheduled Bank)

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

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TERM DEPOSIT ACCOUNT OPENING FORM - EXCLUSIVELY FOR THOSE HAVING SAVINGS / CURRENT ACCOUNT  
(FOR KYC COMPLIANT CUSTOMERS ONLY) (SB / CD a/c NO. \_\_\_\_\_)  
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Branch Code    Customer no.         Account no.

Type of Deposit Account - ☐ Recurring ☐ Dhansagar ☐ Cash Certificate ☐ Arthvrudhi

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

TDS EXEMPTION REASONING:- Share Holder Y/N \_\_\_\_\_ (Member No. \_\_\_\_\_), 15 H/15G (Dt. \_\_\_\_\_), Reg. Society- Y/N \_\_\_\_\_

TDS - Y / N \_\_\_\_\_

Date :- \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I/We have SB/Current /Other A/c No. \_\_\_\_\_ with your \_\_\_\_\_ branch.

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 \_\_\_\_\_ Transefer from A/C \_\_\_\_\_ Rs. \_\_\_\_\_/- (Rs. in words \_\_\_\_\_)

	Surname	First Name	Middle Name	Minor/Minor's Guardian
Mr./Mrs./Master/Ms				
Mr./Mrs./Master/Ms				
Mr./Mrs./Master/Ms				
Mr./Mrs./Master/Ms				

Nationality \_\_\_\_\_ Senior Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

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

Address for correspondence :

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Jointly / jointly by \_\_\_\_\_

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Special instruction : 1. Please credit monthly/quarterly/half yearly or yearly interest to S.B./C.D./C.C A/c No. \_\_\_\_\_  
with \_\_\_\_\_ branch or NEFT Code \_\_\_\_\_ of bank \_\_\_\_\_

2. Please debit Rs. \_\_\_\_\_ to my SB/CD/CC A/c.No \_\_\_\_\_ for credit of RD A/c No. \_\_\_\_\_ P.M.

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I/We declare that Banks 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 AZ of the Banking Regulation Act, 1949 and rule 2 (1) of the Banking Companies (nomination) Rules, 1995 in respect of bank deposit.

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

(Name & Address)

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

Nature of Deposit & number	Name and address of nominee	Relationship with Depositor, if any	Age	If nominee is minor, his date of birth

@ As nominee is minor on this date I/We appoint \_\_\_\_\_

to receive the amount

(Name & Address)

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

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

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. \_\_\_\_\_), 15 H/15G (Submitted on Dt. \_\_\_\_\_)

3. Reg. Society Y / N \_\_\_\_\_

**DEPOSIT ACCEPTED - AUTHORISED SIGNATORY** \_\_\_\_\_ **Date** \_\_\_\_\_

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

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

All details noted as above.

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

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