

FOR OFFICE USE

4
% P.A.

Deposit accepted at _____

The Depositors and Introducers have signed before me and the Introducer's Signatures verified.

PERMITTED TO OPEN ACCOUNT

Officer / Accountant

Date: _____

Manager

Nomination accepted and Registered vide Regn. No. _____

Dated

FOR THE TOWN CO-OPERATIVE BANK LTD.

Accountant / Officer

Manager

ACCOUNT OPENING FORM FOR FD/RD/CB/KNS DEPOSITS

To,

THE TOWN CO-OPERATIVE BANK LTD., H.O.: SIRA-572137, Branch: Sira, Huliyar & Pavagada.

A/c. No.	Photo of the Depositor No. 1	Photo of the Depositor No. 2	Photo of the Depositor No. 3
CID. No.			

Dear Sir,

Date: _____

We request you to open a _____ 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 / Pass Book.

Amount of Deposit / Monthly instalment Rs. _____

Rupees

Period of Deposit

Days _____ Months _____ Years _____ Rate of Int. _____

MODE OF INTEREST PAYMENT

Periodicity _____ of your _____ Credit CA/SB A/c No. _____

_____ Branch _____

Name in Full (in capitals) _____ Age _____ Occupation _____ Father's/husband's Name _____ Address _____

1. _____

2. _____

3. _____

In case of Minor :

Name of the Minor _____ D.O.B. _____

Name & Address of Guardian _____ Relationship _____

Payable to : Self

Either or Survivor

Jointly

Illiterate Depositor or Survivor/s

1 or Survivor/s

No

Survivor/s

Standing Instructions if any _____

(Please tick the appropriate Box)

a) I/We enclose copy of following as proof of address.

- Electricity/Telephone Bill ID Card issued by Employer
- IT Assessment Order Driving Licence Property Tax Paid Receipt
- Passport Voter's ID Card PAN Card
- Other Documents acceptable to the Bank (Specify) _____

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

NOMINATION FORM DA - 1

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

Nomination under Section 452A of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1965, in respect of bank deposits

I/We _____

Nominate the following person to whom, in the event of my/our/minor's death, the amount of the said deposit, along with interest if any may be returned by **The Town Co-Operative Bank Ltd., Sira / Hullyar / Pavagada Branch.**

NOMINEE NAME: _____ Age _____

Address _____

Relationship with depositor if any _____

If Nominee is a minor, Age & Date of Birth: _____

As the Nominee is Minor on this date, I/we appoint Sr/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.

Signature of Depositors

1. _____ 2. _____ 3. _____

Place _____

Date _____

WITNESSES

1. Signature _____ 2. Signature _____
- Name _____ Name _____
- Address _____ 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.

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 Bank's Rules and Regulations 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.

Yours faithfully,

DEPOSITOR 1

DEPOSITOR 2

DEPOSITOR 3

Specimen Signatures (to be signed before the bank officer)

DEPOSITOR 1

DEPOSITOR 2

DEPOSITOR 3