



# THE PALGHAT CO-OPERATIVE URBAN BANK LTD.No.F.997

Head office - Court Road, Palakkad - 678001

## ACCOUNT OPENING FORM - FIXED DEPOSIT / RECURRING DEPOSIT

To  Customer ID No.:

The Branch Manager  Type of Account :

Branch:..... Account No :

Dear Sir/ Madam, Date:   
 Please open a Deposit Account in my/ our names in the books of the bank as per details given below.

Type of Account :  Fixed Deposit  Reinvestment Deposit  FD STAR  Recurring Deposit

The name(s) of the account holder(s) is/are as follows. (Names in capital letters).

1<sup>st</sup> Applicant Mr. / Mrs. / Ms.

2<sup>nd</sup> Applicant Mr. / Mrs. / Ms.

3<sup>rd</sup> Applicant Mr. / Mrs. / Ms.

Residential Address	1st Applicant	2nd Applicant	3rd Applicant
Building/ Flat No			
Building Name			
Road/Street/Lane			
Town/City			
PIN Code No			
Tel.No (Residence)			
Mobile No			
Email ID			

PAN No. :

I am/ We are having SB/CD No.  at your  Branch

Deposit / Installment Amount : Rs.  Period :

Deposit by :  Cash  Clearing Cheque  Debit from A/c No

Mode of Operation of Account : Self / Jointly / Either or survivor / Former or Survivor / Anyone or survivor

In case the depositor is Minor, the Account shall be operated by Mr/Mrs

I declare that the Minor's date of birth is :

Relationship with Minor :  Father  Mother  Legal guardian

Mode of interest payment :  Monthly (at discounted rate)  Quarterly  Yearly.

Details of Interest payment :  To my/our SB / CD /A/c No. :

With your Branch: .....

With Bank : .....

by NEFT. IFSC Code .....

Whether Maturity Notice to be sent :  Yes  No

Whether deposit to be renewed automatically :  Yes  No

### Standing instruction for Recurring Deposit

Kindly Debit from SB /CD/CC/A/c No.  With your .....Branch

Rs...../ every month and credit the amount to my/our RD a/c till last instalment.

- I/ We undertake to furnish Fixed Deposit Receipt with instructions for renewal or disbursement of the principal amount of the deposit and interest due thereon upon maturity of the deposit . In the absence of any instructions on the due date, I/We authorize the Bank to renew the deposit automatically for a similar term at the interest rate prevailing at the time of renewal in order to safeguard loss of interest.
- I, being the Term Deposit holder and a Senior Citizen availing the benefit of additional interest rates undertake to furnish Term Deposit Receipt duly signed by me on or before due date for further renewal. In the absence of any instructions on or before due date, the Bank is authorized to renew the deposit automatically for a similar term at the interest rate applicable to Senior Citizens.
- Where deposit is withdrawn before date of maturity, the rate of interest applicable would be 1 % less than the rate applicable for the period the deposit has actually remained with the Bank as ruling on the date of deposit. In case of Joint A/c, all the joint account holders have to give discharge for getting withdrawal Before Maturity.

Declaration : I Agree as under  Yes  No  Not Applicable

\*Applicable only in case of Joint A/C.

\* We declare that in respect of our joint account, in the event of death of one of the depositors, before maturity of the deposit, having mandate 'Either or Survivor', 'Former or Survivor' Anyone or Survivor', if thought fit say —  Yes  No

- a) The surviving joint depositor/s, are permitted to withdraw prematurely the deposit amount without the concurrence of the legal heirs of the deceased joint depositor/s.
- b) The other surviving depositor/s acting together are also permitted to make any variation/cancellation of subsisting nomination.

I/ We agree to comply with and bound by Bank's rules for the time being in force for the conduct of the above account.

Yours faithfully,

Place :

Date :

1)

2)

3)

Signature (s) of the Depositor/s

### Specimen Signature

1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
1	1	1
2	2	2
3	3	3

### NOMINATION FORM DA - 1

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

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (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 where of are given below, may be returned by

(Name and address of Branch office in which deposit is held)

#### Depositor

Name \_\_\_\_\_

Nature \_\_\_\_\_

Distinguishing No \_\_\_\_\_

Additional details, if any \_\_\_\_\_

#### Nominee

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship with depositor if any \_\_\_\_\_

Age \_\_\_\_\_

if nominee is a minor, his date of birth \_\_\_\_\_

\*2 As the nominee is a minor as 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/minors death during the minority of the nominee

Place \_\_\_\_\_

Date \_\_\_\_\_

\* Signature/s Thumb impression/s of depositor/s

#### WITNESSES

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Strike our nominee is not a minor.

Thumb impression/s shall be attested by two witnesses.

Nomination accepted and registered vide regn No. \_\_\_\_\_ dated \_\_\_\_\_

THE PALGHAT CO-OPERATIVE URBAN BANK LTD.No.F.997

Account No.

Entered by (Clerk)

Verified by (Acctt./Manager)