Daivadnya Sahakara Bank Niyamit

H. O. : 1169, Saraf Galli, Shahapur, BELAGAVI - 590 003.

Affix Photo

Branch ..... **ACCOUNT NO.** .....

ACCOUNT OPENING FORM FOR TERM DEPOSIT ACCOUNT (STD/FD/DL/RD)

I/We request you to open a _____ deposit account in my/our name in accordance with rules of the Bank and issue me / us deposit receipt / pass book. The details are as below.

Amount of deposit/monthly installment (Rs) _____ (Rupees_____

_____ Period of deposit_____days_____ months_____years Rate of Interest_____

Name in Block letters	Address for communication
1._____	_____
2._____	_____
3._____	_____
_____	Phone_____Mbl. No._____

Occupation _____PAN No._____(If not submit F.No. 60/61)

Date of Birth (In case of minor)_____Name of the Guardian _____

_____(Relation)_____

Mode of Interest payment :

Periodicity : Monthly / Quarterly / Half yearly / On Maturity Credit CD / SB Account No. _____

Condition of Payment (in case of joint Accounts) :

☐ Payable to either or survivor ☐ Payable to any one of us

☐ Payable Jointly ☐ Payable to No. 1 / No. 2 / No. 3 / Only.

Declaration :

-I/We hereby confirm that 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 hereby declare that the above information is true and correct.

-In case of joint deposits, (with **condition other than "Payable Jointly"**) prior to the maturity of the deposit the Bank may at the written request of the any one of the depositor/s.

(a) Can grant a Loan / Advance against the security of this deposit.

(b) Close the deposit before maturity.

The discharge given by any one of us will be a valid discharge and binding on all of us.

(c) In the event of death of any one of the joint depositor/s the bank will at the written request of the surviving depositor/s be at liberty thought not bound and at its absolute discretion to pay interest till the date of settlement, to repay the deposit before maturity or grant an advance against the security thereof to any one or more of the depositor/s with the consent of other surviving depositor/s, on such terms as the bank may decide and to add/delete/substitute any names therein. The discharge given by such surviving depositor/s shall give the bank a valid discharge.

Yours faithfully,

1st Depositor **2nd Depositor** **3rd Depositor** **4th Depositor**

Date :

Place :

Automatic Renewal Instruction :

I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me.

1st Depositor **2nd Depositor** **3rd Depositor** **4th Depositor**

INTRODUCTION :

I know Smt./Shri. _____ since last _____ years

I recommend that the Bank may consider to oepn the account.

Name and Address of Introducer

_____

Account No. _____ Indroducer's Signature

FOR OFFICE USE :

Signed before me, Introducer's signature verified. Permitted to open the Account

Signature of the Authorised official Branch Manager

Date :

Place :

NOMINATION

(To be filled in only if this facility is required by the depositor/s)

Nomination under section 45ZA of the Banking Regulation Act 1949 and Rule2(1) of the Banking Companies (Nomination) Rules 1985, 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 depoist, particulars whereof are given below, may be returned by Daivadnya Sahakara Bank Niyamit

_____ Branch.

Nature of deposit _____ Account No. _____

Nominee

Name _____

Address _____

_____ Relationship _____

Date of Birth (in Case of Minor) _____

Name and address of the person representing the Minor _____

Signature/Thumb Impression of Depositor/s

Witness 1.

Signature _____

Name and Address

_____

_____

Witness 2.

Signature _____

Name and Address

_____

_____

FOR OFFICE USE

Nomination accepted and Registered vide Regd. No. _____ Dated _____

Date :

Place :

Officer / Accountant / Manager