



**ACCOUNT OPENING FORM**

Branch

Customer No.

Account No.

Receipt No.

Date

Dear Sir,

Please open a **TERM DEPOSIT** Account in my/our name/s in the books of the Bank for credit of which, I/We Deposit Rs. \_\_\_\_\_ \* vide Cash/Cheque No. \_\_\_\_\_ dt. \_\_\_\_\_, I/We agree to comply with and be bound by the Bank's rules for the time being in force for the conduct of such account. The amount will be repayable to as per instruction No.  stated below:

(1) Singly (2) Either or Survivor (3) Former or Survivor (4) No. \_\_\_\_\_ / Any one of us or any of the survivor or the last survivor (5) Jointly (6) Either or Survivor / Former or Survivor, further we advise the bank to pay to the survivor on or before due date in the event of death of any one of us.

Initials of all signatories.

Please issue Fixed Deposit / Re-Investment Scheme Receipt for Rs. \_\_\_\_\_ for the period of \_\_\_\_\_ days / months / years at \_\_\_\_\_ % per annum.

Please credit fortnightly / monthly / Quarterly interest to CA / SB A/C. No. \_\_\_\_\_ with you / your \_\_\_\_\_ Branch.

- Please forward intimation of due date of this deposit to my residence.  Yes  No  
(Trick whichever applicable)

**FULL NAME** \_\_\_\_\_ Yours faithfully,  
Specimen Signature

1) \_\_\_\_\_ (Surname) First Name Middle Name)

2) \_\_\_\_\_ (Surname) First Name Middle Name)

3) \_\_\_\_\_ (Surname) First Name Middle Name)

**IN CASE OF MINOR,**  
DATE OF BIRTH \_\_\_\_\_ NAME OF THE GUARDIAN \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Income : \_\_\_\_\_

Address in full \_\_\_\_\_

For office use only  
Signature of officer

Tel. No. \_\_\_\_\_ Resi. No. \_\_\_\_\_

I certify that I have known Mr./Mrs./M/s. \_\_\_\_\_ since the last \_\_\_\_\_ months/years. I confirm his/her occupation and address as stated in this application.

NAME \_\_\_\_\_ A/c. No. \_\_\_\_\_

SIGNATURE OF THE INTRODUCER \_\_\_\_\_

**NOMINATION FORM OVERLEAF**

**SR. EXECUTIVE**

**MANAGER**

Nomination Required / Not Required    Sign. \_\_\_\_\_    Sign. \_\_\_\_\_  
(Please tick desired option)    Sign. \_\_\_\_\_    Sign. \_\_\_\_\_

**NOMINATION FORM DA-1**

Nomination Under Section 45 ZA read with Section 56 of the Banking Regulation Act, 1949  
and Rules 2 (1) of the Co-op. Banks (Nomination) Rules, 1985 in respect of Bank Deposits.

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

**Name(s) & Address(es)**

nominate the following person to whom in the event of my/our/minor's death, the amount of  
deposit, particulars whereof are given below, may be returned by **Punjab & Maharashtra**  
**Co-op. Bank Ltd.** \_\_\_\_\_

Deposit			Nominee				
Nature of Deposit	Account No.	Additional details if any	Name	Address	Relationship with depositor	Age	Date of Birth in case of minor

A) As the nominee is a minor on this date, I/We appoint Shri/Smt: \_\_\_\_\_

\_\_\_\_\_ to receive the amount of the  
(Name, Address & Age)

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

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

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

\_\_\_\_\_  
[Signature of the Depositor(s)]

- 1) Where deposit is in the name of minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
- 2) Strike out (A) if nominee is not a minor.
- 3) Thumb impression(s) shall be attested by two witnesses.

**As per eligibility, I/We hereby submit Form 15G / 15H (in case of Senior Citizen  
above 65 years of age) applicable for the financial year/s. \_\_\_\_\_**

SIGNATURE OF THE DEPOSITOR (S) \_\_\_\_\_