



PMC BANK
 PUNJAB & MAHARASHTRA CO-OPERATIVE BANK LIMITED
 MULTI-STATE SCHEDULED BANK

**RECURRING DEPOSIT
 ACCOUNT OPENING FORM**

BRANCH :

DATE OF A/C. OPENING :

ACCOUNT NO.

Dear Sir / Madam,

I/We desire to open a **RECURRING DEPOSIT ACCOUNT** in your Bank and tender herewith Rs. _____ being my/our initial deposit. I/We agree to contribute Rs. _____ per month for a period of _____ months/Year/s @ _____ % p.a.

STANDING INSTRUCTIONS

I/We hereby authorise the bank to debit my/our SB/CA/DB/DD Account No. _____ with the bank towards monthly installment and agree to be bound by the Bank's rules in force from time to time.

MODE OF OPERATION

The account will be operated by _____ of the following signatories.

First Applicant _____ 2nd Applicant _____ 3rd Applicant _____

(middle name) (surname) (middle name) (surname) (middle name) (surname)

Customer No. _____ Customer No. _____ Customer No. _____

Designation _____ Designation _____ Designation _____
 (to be filled in case of A/c other than Individual) (to be filled in case of A/c other than Individual) (to be filled in case of A/c other than Individual)

PAN No. _____ PAN No. _____ PAN No. _____

Sign.

Sign.

Sign.

Address in full _____ Address in full _____ Address in full _____

Tel. No. _____ Tel. No. _____ Tel. No. _____
 Resi./Off./Mobile _____ Resi./Off./Mobile _____ Resi./Off./Mobile _____

IN CASE OF MINOR

Date of Birth _____

DETAILS OF RECURRING DEPOSIT

Date of Opening _____ Date of Maturity _____

FOR OFFICE USE ONLY

Standing instruction no. _____

Signature of A/c. Holder

Attested by Sign _____

Name of Staff _____

We enjoy to serve

INTRODUCTION

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

Name of the introducer _____ A/c. No. _____

Introducer Customer ID. _____

SIGNATURE OF THE INTRODUCER

Signature of Introducer verified by :

Executive/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, Address & Age)

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

Nature of Deposit & Account No.	Name & Address of Nominee	Customer No.	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. _____

_____ (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 the Depositor] [Signature of the Depositor] [Signature of the Depositor]

Place : Mumbai Date : _____

- 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.

Authorised Signatory