Term Deposit Account Opening Form

The Nabadwip Co-Operative Credit Bank Ltd.

Sreebasangan Road, Nabadwip - 741302

Date: d d m m y y y y (For office use only) Account No.

Branch to affix rubber stamp of name and code no.

Type of Account

Recurring Deposit	
Fixed Deposit	
Fixed Deposit (Senior Citizen)	
Cash Certificate	
Daily Bank Scheme	
Others (please specify) _____	

Please tick the type of account to be opened. To know more about various schemes please contact Bank officials.

Details of Applicant(s)

Sole/First Holder Name: Cust. ID. no. (to be filled in by branch):

Second Holder Name: Cust. ID. no. (to be filled in by branch):

Third Holder Name: Cust. ID. no. (to be filled in by branch):

Mode of Operation

☐ Self only ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ Other _____

Specimen Signature(s)

Signature(s) / Thumb impression(s) Sole/First Holder	Signature, SS No. and Name of Verifying officer
Signature(s) / Thumb impression(s) Second Holder	Signature, SS No. and Name of Verifying officer
Signature(s) / Thumb impression(s) Third Holder	Signature, SS No. and Name of Verifying officer

1. FIXED DEPOSIT ☐ / FEXED DEPOSIT (Senior Citizen) ☐ Cash Certificate ☐

Amount: Rs. _____ (in words) _____

Period: _____ year(s) ____ month(s) _____ days. In case of Fixed Deposit, interest payable: ☐ Monthly ☐ Quarterly ☐ On Maturity to

Maturity instruction:		**Payment Instruction** (Maturity Proceeds/Residual Amount):
☐ Auto renew* principal ☐ Auto renew* principal & interest ☐ Auto renew* Rs. _____	Auto renew for period: ____ year(s) ____ month(s) ____ day(s)	☐ By credit to my bank account no.
☐ Pay principal & interest ☐ Pay principal		

*Renewal will be done at the then prevailing interest rate

2. RECCURING DEPOSIT

Monthly installment: Rs. _____ ☐ Standing instruction (if any) Debit account no.

Period: _____ year(s) _____ month(s) ☐ On Maturity, credit proceeds to account no.

3. FOR JOINT ACCOUNTS WITH 'EITHER OR SURVIVOR' OR 'ANYONE OR SURVIVOR' MODE OF OPERATION

We have to advise that State Bank of India may pay to anyone of us, any day either before or on due date, on or after due date and where no due date is fixed, on demand, the principal alongwith interest. Payment to any one of us is discharge to the Bank from all of us, until you receive a notice contrary to it from both/ all of us. In case of death of any one, amount is to be paid to the survivor(s).

I/ We have read and understood the rules and regulations of the product(s)/ service(s) opted for and agree to abide by the terms and conditions relating to the conduct thereof as also any changes brought about therein from time to time.

The Nabadwip Co-Operative Credit Bank Ltd.

Sreebasangan Road, Nabadwip - 741302

Nomination:

Nomination, if required fill Form DA-1 as under otherwise sign below

I/We do not want to nominate any person in this account		
Signature/Thumb impression	Signature/Thumb impression	Signature/Thumb impression

FOR OFFICE USE

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Open account:	**Account number generated:**
Date : d d m m y y y y (Authorised signatory)	Date : d d m m y y y y (Authorised signatory)

i) Nomination serial no.: _____ initials ii) Account closed on: d d m m y y y y initials

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

Nomination Serial No. .....

I/We _____ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Nabadwip Co-Operative Credit Bank Ltd.

(Name and address of branch / office in which the deposit is held)

Details of Deposits:

Type of deposit: _____ Account number: _____

Additional details, if any: _____

Details of the Nominee

Name: _____

Relationship with the depositor: _____ Age: _____ Date of birth of nominee: d d m m y y y y

Address: _____

_____

City: _____ PIN: _____ State: _____

Cust. ID No. of Nominee (to be filled by Branch): _____

As the nominee is a minor on this date, I/We appoint Shri/Smt./ _____ age: ____ years

Address: _____

_____

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.

Date: d d m m y y y y

Place: _____

Signature(s) / Thumb impression(s) of depositor(s)

Signature/Thumb impression of 1st witness**	Signature/Thumb impression of 1st witness**
Name: _____	Name: _____
Address: _____	Address: _____

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

** Thumb impression(s) shall be attested by two persons.

FOR BANK'S USE