

THE BUNDI CENTRAL CO-OPERATIVE BANK LTD. BUNDI

OPENING OF TERM DEPOSIT ACCOUNT CUSTOMER HAVING ACCOUNT IN THE BANK

The Manager, Branch.....

[illegible]

1. FULL NAME , IN CAPITAL Letters (leaving a space between first, middle & last name)

2. Customer CIF No.

[illegible]

3. I/ We request you to open the following account. I/We agree to be bound by the bank's rules in force from time to time (Tick the relevant box on right side.)

TERM DEPOSIT # Fixed Deposit (Specify)					Recurring Deposit																		
Amount (Rs.)				ROI@			Monthly Installment (Rs.)						No, of Installment										
Period Year				Months			Days			. ROI@													
Maturity Value										Maturity Value													
Standing instruction : Kindly debit monthly installment of RD from account no.....on..... of every month																							
Interest payment frequency (Pl. tick in the appropriate box)		On Maturity		Annually		Half Yearly		Quarterly		Monthly		Credit Interest/maturity proceeds to Saving Account No.											
4. TDS DETAILS		TDS, if applicable Yes/No				If No, exemption reference No.																	
						If Yes, Whether From 15G/H Submitted				YES				NO									
		Form 15 G for general category, 15 H for Senior Citizen								PAN NO													
Instruction for Auto renewal on maturity of deposit (Tick the relevant column)						Renew for Principal & Interest				Renew for Principal Only				Period for which Auto renewal required									
5. MODE OF OPERATION (Tick whichever is applicable)																							
Self				Either of Survivor				Former of Survivor				Any one of us or Survivors (s)				Jointly				Any Other (Specify)			

6. NOMINATION REQUIRED YES ☐ NO ☐ IF Yes, please fill form DA-1 (Overleaf)

Date: _____

Customer Signature 1. _____

Place _____

Thumb Impression 2. _____

3. _____

(Signature of authorized official)

THE BUNDI CENTRAL CO-OPERATIVE BANK LTD. BUNDI

Branch.....

FORM DA-1: NOMINATION

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

I / We @ Name (s)

Nominate

The following person to whom in the event of my/our/minor's death, the amount of deposit in the account may be returned by The Bundi Central Corporation Bank Ltd. Branch.....

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details if any	Name	Address	Relationship with depositor, if any	Age	if Nominee is minor his/her date of birth

● As the nominee is minor on this date, I/we appoint Mr/Ms _____
Age _____ 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

Place : _____

Date: _____

Signature(s)/# Thumb impression(s) of depositors

@Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor

● Strike out if nominee is not a minor

WITNESSES

Name & Signature of the first witnesses	Name & Signature of the Second witnesses
Name: _____	Name: _____
Signature : _____	Signature : _____
Address : _____	Address : _____
Place : _____	Place : _____
Date : _____	Date : _____

Thumb impression (s) shall be attested by two witnesses, otherwise it shall be attested by one witness.

NOMINATION REGISTERED

The above mentioned nomination is registered at serial no _____ in respect of (Type of Account)
Deposit Account No. _____

Date _____

For the Bundi Central Cooperative Bank Ltd Bundi
(Authorized Official)

"FORM 60/61 (to be filled by those who do not have PAN)"

Form 60

Are you a Tax Assessee ☐ YES ☐ NO if yes

a) Details of Ward/Circle/Range where the last return of income was filled _____

b) Reason for not having PAN No _____

Form 61

To be filled by a person who has only agricultural and no other income chargeable to Income Tax

I hereby declare that my source of Income is form agriculture and I am not required to pay tax on any other Income if Any

Verification

I _____ do hereby declare that what is stated is true to the best of my
Knowledge and belief Verified at _____ this due _____ day of _____ 20

Date _____

Place _____

Signature of the Declarant