



# THE CHEMBUR NAGARIK SAHAKARI BANK LTD.

## Term Deposit A/c Opening Form

Branch \_\_\_\_\_

Date : / / 201

Cust. ID

A/c. No.

Phone No. : (R)

(O)

Mob. No.:

Sr. Citizen

Staff

General

Minor

Fixed Deposit :

Lakhpatti

Recurring Deposit

DDS

Duration : \_\_\_\_\_ Days/ \_\_\_\_\_ Months/ \_\_\_\_\_ Years \_\_\_\_\_

Rs.(In Words) : \_\_\_\_\_

₹

Mode of Payment : Renewal

Transfer from A/C

Cheque

Cash

Rate of Interest per Annum \_\_\_\_\_ %

A) Interest : Monthly

Quarterly

Half Yearly

Yearly

Cumulative

Interest on above deposit be credited to My / Our SB / CA / OD A/c No. :

With \_\_\_\_\_ Branch

B) Name(s) and Address/es of Depositor (s) in full :

Signature (s) of Depositor(s):

1. \_\_\_\_\_

1.

\_\_\_\_\_

2. \_\_\_\_\_

2.

\_\_\_\_\_

3. \_\_\_\_\_

3.

\_\_\_\_\_

C) Account Operation by : Self

Any one of us

Jointly

Other \_\_\_\_\_

Payment Condition : Self

Either or Survivor

Jointly

Other \_\_\_\_\_

That in the event of the death of any one of us request that bank to permit premature withdrawal by the surviving depositor if required by the survivor. Sign. 1 \_\_\_\_\_ sign. 2 \_\_\_\_\_

RD / Lakhpatti Monthly Installment Rs. \_\_\_\_\_ may be debited to My / Our SB / CA / OD

A/C. No.

D) Deduct TDS : Yes

No

Member of this Bank : Yes

No

if yes, Membership No.:

15G / 15H From submitted : Yes

No

Remark about Photograph : \_\_\_\_\_

Pan No. 1st

Pan No. 2nd

Introducer - Name & Address : \_\_\_\_\_

Signature of Introducer \_\_\_\_\_

Introducer's A/c. No.

**Declaration :** I/We wish to open a Term Deposit A/c with your bank, I / We have read and understood the rules governing term Deposit Scheme and agree to be bound by the said rules and the rules amended from time to time.

**Please Note :** The said deposit will be renewed automatically on its maturity date. The automatic renewal will be by default for the same period and amount as per matured deposit. Prevailing rate of interest will be applicable to this renewal. If any change in the renewal is required, the depositors has to intimate the bank along with receipt prior to the maturity date. TDS provisions / rules will be applicable to interest payable on the deposit.

**Nomination Form - DA - 1**

Nomination under section 45ZA read with section 56 of the Banking regulation Act, 1949 and Rule 2(1) of the co-operative Banks (Nomination) Rules, 1958 in respect of bank deposit. I/We [Name(s) \_\_\_\_\_] \_\_\_\_\_ 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 The Chembur Nagarik Sahakari Bank Ltd. \_\_\_\_\_ Branch.

Name	Address	Relationship with Depositor, if any	Age	* If nominee is a minor, His / Her date of birth

\* As the nominee is a minor on this date, I/We appoint Shri./Smt. ( Name, adress & 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(s)/Thumb Impression(s) of Depositor(s)**  
 [Thumb impression(s) shall be attested by two witnesses.]

Name(s), Signature(s) and Address(es) of witness(es)

1) Signature : \_\_\_\_\_ Place : \_\_\_\_\_ Date :    /    /  
 Name & Address : \_\_\_\_\_

2) Signature : \_\_\_\_\_ Place : \_\_\_\_\_ Date :    /    /  
 Name & Address : \_\_\_\_\_

\* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.  
 \* Strike out if the nominee is not a minor. \* For nomination signature of witness is necessary.

F. D. Printed SL. No.	For Office Use Only	Ref. No.
	Information Entered By _____ Allowed to open account  Information Verified By _____  <b>Manager</b>	



# The Chembur Nagarik Sahakari Bank Ltd.

## दि चेंबूर नागरिक सहकारी बँक लिमिटेड

Branch \_\_\_\_\_

Date: / /

Customer ID No. \_\_\_\_\_ Account Type \_\_\_\_\_ Account No. \_\_\_\_\_

Ckyc number \_\_\_\_\_ Temporary Customer Id \_\_\_\_\_ Initial Deposit \_\_\_\_\_

Gender  Male  Female  Transgender

### ACCOUNT OPENING FORM FOR RESIDENTIAL INDIVIDUALS

I/We request you to open in my / Our name (whichever is applicable)

CURRENT ACCOUNT

SAVING ACCOUNT

TERM DEPOSIT

#### PROOF OF IDENTITY

A. Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_

B. Voter ID Card \_\_\_\_\_

C. PAN Card \_\_\_\_\_

D. Driving License \_\_\_\_\_ Driving License Expiry Date \_\_\_\_\_

E. UID (Aadhaar) \_\_\_\_\_

F. NREGA Job Card \_\_\_\_\_

G. Others (any document notified by the central government) \_\_\_\_\_

#### DETAILS OF RELATED PERSON (in case of additional related persons, please fill 'Annexure B1')

Additional of Related Person  Deletion of Related Person  KYC number of Related Person

Related Person Type\*  Guardian of Minor  Nominee  Assignee

Authorised Representative  Beneficial Owner  Beneficiary

Name: \_\_\_\_\_

#### PROOF OF IDENTITY OF RELATED PERSON

A. Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_

B. Voter ID Card \_\_\_\_\_

C. PAN Card \_\_\_\_\_

D. Driving License \_\_\_\_\_ Driving License Expiry Date \_\_\_\_\_

E. UID (Aadhaar) \_\_\_\_\_

F. NREGA Job Card \_\_\_\_\_

G. Others (any document notified by the central government) \_\_\_\_\_