

The Thirumittacode Service Co-op. Bank Ltd., No. P. 833

P.O.Chathanur, Palakkad, H.O. Chathanur.

Main Br : Chathanur, Br : Ezhumangad, Koottupatha, Nhangattiri & Evening Branch Karukaputhur

Account Opening Form For Deposits

c/c	SB	FD	
A/c. No.			

To
Secretary / Br. Manager
Thirumittacode S. C. B.

Date.....

Dear Sir,

M. No:

I / We request you to open a Fixed / Recurring / Savings deposit account in my / our name/s in accordance with the Rules of the Bank and issue me / us a Deposit Receipt.

I / We Agree to comply with and be bound by Bank, rules for the time being in force and such other modifications that may be made in future in accordance with directions of the Reserve Bank of India from time to time for the conduct of such accounts.

Amount of deposit Rs.....(Rupees.....)

Period of Deposit..... days / months / years	Int. Rate.....% p.a.	Mode of Interest payment	} Credit RD / SB A/c. No..... with you / your.....
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S. No.	Name in full	Occupation	Address of the Depositor
			Telephone No:

Payable To	<input type="checkbox"/> Either or Survivor <input type="checkbox"/> 1 or Survivor/s <input type="checkbox"/> No.....or Survivor/s	<input type="checkbox"/> Jointly <input type="checkbox"/> Illiterate depositor only <input type="checkbox"/> Illiterate depositor or Survivor/s
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In case of Minor	Date of Birth.....Name of guardian.....Relationship.....
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Special instructions, if any

Yours faithfully	1.....	Signature of the Secretary / Br. Manager
1.....	2.....	
2.....	3.....	
3.....	(Signature of Depositor/s)	

INTRODUCTION

I know the applicant(s) personally for a period ofyear/s. I recommend that Bank may consider to open the account.

Name
A/c. No.
Address

Signature of the introducer

FOR OFFICE USE

Signed before me /
Introducer's Deposit accepted at% p. a.
Signature
verified

Accountant Secretary / Br. Manager.

Date

NOMINATION FORM DA - 1

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)

Nominaton under section 45 ZA read with section 56 of the Banking Regulation Act., 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank deposits.

I/We..... (Name/s and address) nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars where of are given below, may be returned by.

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

Deposit Nominee
Name..... Name.....
Nature..... Address.....
Distinguishing No..... Relationship with depositor if any.....
Additional details, if any..... Age.....
If nominee is a minor, his date of birth.....

+2 As the nominee is a minor as on this date, I / we appoint Sri / Smt/ Kum..... (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 nominee

Place.....

Date.....

* Signature/s Thumb impression/s of depositor/s

WITNESSES

Name Name
Signature..... Signature.....
Address..... 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 nominee is not a minor.
Thumb impression/s shall be attested by two witnesses.
Nomination accepted and registered vide regn. No..... dated.....

For The Thirumittacode S.C.B. Ltd., No. P. 833

Secretary / Manager