



Sriramanagar Pattana Sahakara Bank Niyamith

1st Floor, Srinivasa Complex, SRIRAMANAGAR-583 282.

Application for Fixed Deposit / Cash Certificate

I/W/E REQUEST YOU TO OPEN FIXED DEPOSIT / CASH CERTIFICATE ACCOUNT

M/C.C. No..... A/c. No.....

INDIVIDUAL./JOINT/FIRM/SOCIETY

Date.....

NAME	1. MR./MS./MISS
	2. MR./MS.
	3. MR./MS.
	4. MR./MS.

SPECIMEN SIGNATURES	1.
	2.
	3.
	4.

ADDRESS OF SOLE/ FIRST APPLICANT

 PIN CODE
	PHONE (O) (R)
FAX	
OCCUPATION	

DEPOSIT	AMOUNT OF DEPOSIT.....
	RUPEES INWORDS.....
	PERIOD..... YEARS..... MONTHS.....
	DAYS. RATE OF INTEREST.....

INTRODUCTION	I Certify that I know Mr./Mrs./Miss.....
 Since..... years
	and confirm his/her/their occupation and address.
	NAME.....
	ACCOUNT NO.....
SIGNATURE	
DATE.....	

MINORS	DATE OF BIRTH.....
	GUARDIAN.....
	RELATIONSHIP.....

UNDERTAKING	I/We understand/agree that the terms and conditions of this deposit read by me/us/explained to me/us including the rate of interest may be altered by the Bank in pursuance of any directive which the Reserve bank may issue to the Bank from time to time during the currency of this deposit and the same will be binding on me/us without notice.
	I/We agree to be bound by the Bank's rules and regulations governing such account from time to time. The Bank may on receipt of a written application form Smt./Sri..... the former/the latter/the first name/the second name etc. of us or either or survivor of us any one or survivor of us in its absolute discretion & subject to such terms and conditions as the Bank may stipulate, (a) grant a loan/advance against the security of deposit receipt to be issued in our joint names, or (b) make premature payment of the proceeds of the deposit to the former/latter the first name of us/ the second name of us/ either or survivor of us or any one of us or survivor of us etc.

STANDING INSTRUCTION	PAY PERIODICAL INTEREST ON THE DEPOSIT
	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTELY <input type="checkbox"/> HALFYEARLY
	TO THE CREDIT OF SB/CA A/C.....
	OR
TRANSFER THE MONTHLY INSTALMENT FROM SB/CA A/C. NO.....	
DEPOSIT PAYABLE TO	
<input type="checkbox"/> ME <input type="checkbox"/> EITHER OR SURVIVOR/S	
<input type="checkbox"/> JOINTLY TO US <input type="checkbox"/> PAYABLE TO 1, 2, 3, 4	

SIGNATURE/S	1.
	2.
	3.
	4.

RENEWAL	1. On maturity of the deposit kindly renew the same for a further period of days/ months under scheme/or credit the proceeds to my/our SB/ C/A account with your branch/ with branch.
	2. Kindly renew the same deposit automatically for every days with interest / without interest. The interest may be credited to SB/CA No

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 Bank (Nomination Rules 1985 in respect of Bank Deposits.)

1. I/We _____
name(s) and address(s)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below, may be returned by

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

DEPOSIT			NOMINEE
Nature	Disting uishing No.	Additional details if any	Name & address :
			Relationship with Depositor :
			Age :
			If nominee is a minor :

2. As the nominee is a minor, on this date. I/We appoint Shri/Smt./Kum. _____
(name, address and 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.

Place :

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

Date :

WITNESS ❖

1. Name : _____
Signature : _____
Address : _____

2 Name : _____
Signature : _____
Address : _____

* Where deosit 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.

Stike off nominee if not a minor.

❖ Thumb impresson(s) Shall be attested by two witnesses.

**NOTE : NOMINATION IS AVAILABLE FOR ACCOUNTS OF INDIVIDUAL(S) ONLY.
THERE CAN BE ONLY ONE NOMINATION FOR ONE DEPOSIT.**

FOR OFFICE USE

VERIFIED, ACCOUNT MAY BE OPENED	ACCOUNT NO. : _____	ACCOUNT CLOSED ON _____
	DATE OF MATURITY: _____	
	MATURITY VALUE : _____	MODE OF PAYMENT : _____
	TOTAL INTEREST : _____	
	NOMINATION ACCEPTED : _____	
ACCOUNTANT	MANAGER	OFFICER
		OFFICER