



SAHAJANYA MULTIPURPOSE SOUHARDA CO-OP. LTD.

No. 3, 1st Main Road, 2nd Cross, (Ground Floor of Bhagyalakshmi Jewellers Shop) Chandra Layout, Bengaluru - 560 040.

TERM DEPOSIT ACCOUNT OPENING FORM

(For Existing Customer)

(Office Use Only)

Customer ID

Date :

Account No.

R O I :

Customer Type if

Individual

Institution

Staff

Senior Citizen

yes (✓)

Co operatives

Ex.Staff

SB

Type of Account

Fixed Deposit

RID

CD/RD

Special / Other Deposit

Amount / Instalment Rs.

In words :

Period in :

Year(s)

Month(s)

Days

PAN No.

Payment of Interest :

Monthly

Quarterly

Half Yearly

On Maturity

Credit to my bank account No.

Applicant Name :

Gender :

Male

Female

D O B :

Nationality:

Joint Holder 1 Name :

Customer ID

Pan No.

Gender :

Male

Female

D O B :

Mode of operation

Self Only

Jointly

Either or Survivor

Others

Any one or Survivor

Address for Communication

Address:

City :

PIN

Email ID:

Ph. / Mob.

(FOR MINOR ACCOUNTS)

Guardian Type :

Father

Mother

Other

Guardian Name :

Address:

City :

PIN

Email ID:

Ph. / Mob.

Declaration by Guardian

I hereby declare that the date of birth of the minor who is my is..... and I am his/her natural and lawful guardian /guardian appointed by court order date (copy enclosed).

I shall represent the said minor in all future transctions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transaction made by me in his/her account.

Signature of Guardian

NOMINATION FORM

Nomination under section 45 ZA of the Banking Regulation Act 1949 & Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of Bank Deposits.

I/We (name) nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by The SAHAJANYA MULTIPURPOSE SOUHARDA CO-OP. LTD.

NOMINEE (Only one nominee permitted)

Name:

Address:

Relationship with Depositor, if any

Nominee Age

If he/she is a minor, DOB

Cust. Id of Nominee

Nomination Serial no:

As the nominee is a minor on this date, I/We appoint (name)..... age: years
Address :
..... to the amount of the deposit in the Account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Name:
Address

Name:
Address

Signature / Thumb impression of
1st witness

Signature / Thumb impression of
2nd witness

I / We hereby declare that there is no change in constitution and other details already furnished and I/We further undertake to communicate any changes in our profile subsequent to the date of opening the account.

We have to advice that Sahajanya Multipurpose Souharda Co-Op. Ltd. may pay to anyone of us, any day either before or on due date, on or after due date and whether no due date is fixed, on demand, the principal along with interest. Payment on any one of us is discharge to the Society from all 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 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 rating to the conduct thereof as also any change brought about therein from time to time. A copy of the rules and regulations had been made available so.

I / We hereby undertake to fulfill the RBI requirement of KYC updating, i.e., latest Photograph as and when required by Society.

In the event of death of any of Society shall be at liberty to make premature payment of the deposit or grant loan there against to the survivor/s without the concurrence of the legal heirs of the deceased.

I / We agree / do not agree for Society making unsolicited calls.

In the event of the death of the Depositor, premature termination of Term Deposits would be allowed as per rules of Society such premature withdrawal would not attract any penal charge.

Depositor Sign.

Depositor Sign.

Depositor Sign.

Deposit Particulars for renewal				For Office Use			
Date of renewal	A/c No.	Amount	Period	ROI	Maturity Date	Signature of clerk	Verified Signature Accountant / CEO

Received through Cheque / Cash vide Receipt No. Date.....

For Rs.Cheque No. Date.....

Realised on.....Details of Adjustment.....

Verified by.....Cashier.....

Introduced by.....Secretary..... (Director).....