

**PUNNAYOOR PANCHAYATH SERVICE CO-OPERATIVE BANK LTD. P584  
Edakkara**

**DEPOSIT OPENING FORM**

Branch :

DATE :

ACCOUNT NO.

Customer Name

1.

2.

3.

1.

2.

3.

Dear Sir/Madam,

I/We request you to open a.....Account in my/our name/s in accordance with the Rules of the Bank, on the following terms and conditions and issue me/us a Deposit Receipt/Pass Book.

**DEPOSIT DETAILS**

**DEMAND DEPOSIT**

1. Savings Account

Scheme Name

2. Current Account

Scheme Name

With Cheque Book

Without Cheque Book

**DEMAND DEPOSIT**

Monthly Instalment Rs.

Duration : Month

Years

Monthly instalment Debit from SB/CA No.....

**TERM DEPOSIT**

1. Fixed Deposit

Scheme Name

2. Other Deposit

Scheme Name

Amount

Duration : Days

Months

Years

Whether Auto Renewal Required Yes

No

If Yes With Interest

or Without Interest

and if without interest, interest Credit to.....

Periodical interest Monthly/Quarterly/Half yearly/ Yearly credit to SB/CA.....

Interest Payable Account.....by PO/DD/NEFT

to (Account holder Name).....with.....Bank,.....

.....branch, having IFSC.....

\* Auto renewal option is not available for Re-investment Deposits

\* The Fixed Deposits, which is not opted for auto renewal, will not be considered for renewal after 7 days from the due date.

**MODE OF OPERATION**

Single

Jointly

Any one or survivor

Either or survivor

Later or survivor

Former of survivor

others (specify).....

If the account holder/s is/are minor/s the account operated by Mr./Mrs.....Customer ID.....

PAN.....(Relationship).....

**ACCOUNT OPERATORS**

The following person/s or office bearer/s will operate the account

Operator 1. Name..... Designation(if Applicable).....

Operator 2. Name..... Designation(if Applicable).....

Operator 3. Name..... Designation(if Applicable).....

**TDS DETAILS**

Whether TDS to be deducted Yes

No

If No, exemption as per 15G

15H

Exemption Certificate

Others (Specify).....

**BANKING SERVICE**

I/We wish to avail the following Banking Service/s

ATM

Details.....

SMS Alert

on Mobile No.....

Mobile Banking / IMPS

on Mobile No.....other service (Specify).....



## JOINT DECLARATION

☐ We jointly agree and authorize PUNNAYOOR PANCHAYAT SERVICE CO-OPERATIVE BANK Ltd. to permit premature withdrawals of the Deposit by survivor/s in the event of the death of any of the deposit holder/s before maturity

**Applicant 1**

**Applicant 2**

**Applicant 3**

Name .....

Signature .....

I/We agree to be bound by all Rules and Regulations of the bank governing the accounts from time to time

Applicant 1.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 2.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 3.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nomination Required Yes ☐ No ☐ (If yes, please specify the details in Form DA 1) If nomination not required, please sign the following declaration I/ we hereby declare that I/We am/are not interested to appoint nominee for the deposit

Applicant 1..... Applicant 2. ....Applicant 3. ....

## NOMINATION FORM

FORM DA 1

### CUSTOMER DECLARATION

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

I/We{ Name(s) } .....Address(es).....

nominate the following person to whom in the event of my/our/mimo's death the amount of the deposit, particulars whereof are given below, may be returned by the Punnayoor Panchayath Service Co-operative Bank Ltd. { Branch Name & Address}.....

### DEPOSIT & NOMINEE DETAILS

Nature of Deposit	Distinguishing No.	Additional Details if any	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

Mr./Ms./Mrs./Mx.{Name}.....Age.....

Relationship.....{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

### SIGNATUR(S)

### WITNESS(ES)

Name: 1. .... 2. ....

Address .....

Signatures : .....

\* Strike out if nominee is not a minor

\* Where deposit is made / account is held in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

# Thumb impression(s) shall be attested by two witness

FOR OFFICE USE ONLY

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