

**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	_____
2. Other Deposit	_____

Scheme Name	_____
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.	Signature		
Applicant 2.	Signature		
Applicant 3.	Signature		

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

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