

People's Urban Co-operative Bank Ltd. No. 51,

TRIPUNITHURA

Term Deposit Account Opening Form

Date

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To

The Manager,
People's Urban Co-operative Bank Ltd.,
Branch.....

Photo

Dear Sir,

Please accept a Term Deposit of Rs.....(Rupees.....)

.....) in my / our name as per the particulars given below :

Name/s	Full address & Telephone No.	Occupation

Particulars of nominee(s)
(Form DA- 1 to be obtained
Separately)

Date of birth (Only if
Depositor is a minor)

To be filled up only in the case of joint Deposits
Amount of deposit and interest repayable to : *

When the deposit
account is opened
by two individuals

When the deposit
account is opened
by three individuals

Particulars (Strike off whichever is not applicable)

- a) Period of the deposit account days/ months
- b) Rate of Interest
- c) Instructions about Payment of Interest monthly/
half yearly / quarterly.
 - i) Pay in cash
 - ii) Credit my S. B. Account No.....
- d) Instructions about repayments on maturity.
 - i) Renew for a further period of.....
days/months with interest
 - ii) Pay in cash
 - iii) Credit my S.B. Account No.....

In the event of death of any of the joint depositor, prior to maturity of the deposit the Bank will at the request of the surviving depositor / or of all surviving depositors, be at liberty though not bound and at its absolute discretion to repay the deposit before maturity or to grant an advance against the security thereof, on such terms as the Bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.

I / We agree that the deposit is repayable only on maturity. If the Bank agrees, at its discretion, to make payment before maturity at my / our request, I / we agree that such repayment would be on forfeiture of interest by me / us unless the bank, at its discretion, decides to pay interest at a rate equal to or below the rate arrived at in accordance with the stipulation laid down by the Reserve Bank of India in this regard.

I / We agree also that the terms and conditions including the rate of interest may be altered by the Bank in pursuance of any directive which the Reserve Bank of India may issue from time to time and that the same will be binding on me / us without notice

Signature

I am / we are agreeable to abide by the Rules pertaining to these Deposit Accounts from time to time.

Yours faithfully,

Specimen } Signature }	1.	1.
	2.	2.

[Signature/s]

Accepted as	{ <u>Single</u> Joint	Deposits	{ Account No. Ledger Folio	Amount Rs	Manager

Introduced by :
(Name & Address)
Signature, A/c. No.

DECLARATION

"The Bank may on receipt of a written application from Shri.....

 the former / the latter / the first name / the second name
either or survivor of us
 etc. of us or anyone or survivors or survivor of us in its absolute discretion and subject to such terms and conditions as the Bank may stipulate.

- a. grant a loan / advance against the security of the term deposit receipt to the issue in our joint names or
- b. make premature payment of the proceeds of the deposit to the former / the latter / the first named of us / either or survivor of us the second named of us anyone of us or survivors or survivors of us
- c. make further and subsequent renewals, if any, of this deposit on the same conditions of repayment"

Date..... Signature

.....

.....

.....

- * Please insert in the Box one of the following choices of operation.
- I. When the account is opened by two individuals.
 - 1) Both of us or survivor 2) Either of us or survivor 3) Former or Survivor 4) Latter or survivor
 - II. When the account is opened by three individuals.
 - 1) All of us or survivor
 - 2) Any two of us or survivor
 - 3) Any one of us or survivor
 - 4) 'A' only; Both of survivors 'B' and 'C' or last survivor
 - 5) 'A' only; either of survivors 'B' and 'C' or last survivor
 - 6) 'A' only; 'B' on demises of 'A' or last survivor

The choices of operation in case of more than three persons are not printed here. However, a suitable mode of operation should be decided upon and entered in the box.

FORM DA I

Nomination under section 45ZA 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 the bank deposits

.....
I / We.....
.....

[Name (s) and address (es)]

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			
Nature	Distinguish- ing No.	Additional details, if any	Name & Address	Relation- ship 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 Shri/Smt/ Kum

.....to receive the amount of the
[Name, address and age] deposit on behalf of the nominee in the event of my/ our / minor's death during the minority of the nominee

Place :

Date : * Signature(s) / Thumb impression(s) of depositor(s)

Name (s), Signature(s) and
Address(es) of witness(es)

.....
* Where deposit 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.

* Strike out if nominee is not a minor.

Thumb impression(s) shall be attested by two witnesses.