



The Banaskantha Mercantile Co-Op. Bank Ltd., Palanpur

Term Deposit / Recurring Deposit Form (Existing Customers)

Scheme Code : Individual Corporate Term Deposit A/C No.

Branch Code (for bank use only) Branch Name

Made of Operation Singly Either or survivor Jointly Others Particularly for MINOR cases

Related to Staff Yes (employee ID) No
(Only for 1st Allicant)

Applicant 1 : Customer Relationship Number* PAN Form 60 Form 61

Name (Title) (First Name) (Middle Name) (Last Name) (Upto 40 Characters Only)

Applicant 2 : Customer Relationship Number*

Name (Title) (First Name) (Middle Name) (Last Name) (Upto 40 Characters Only)

Applicant 3 : Customer Relationship Number*

Name (Title) (First Name) (Middle Name) (Last Name) (Upto 40 Characters Only)

* If not available, please fill Customer relationship Form, for each applicant, respective / guardian of the applicant.

DEPOSIT DETAILS Term Deposit Recurring Deposit

Period Month(s) Day(s)

Amount Rs. (In Words)

# Interest frequency (tick any one)	Maturity Insruction (tick any one)	(Not applicable for RD)
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Auto renew principal <input type="checkbox"/> Repay principal	
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Auto renew principal & interest <input type="checkbox"/> Repay principal & interest	

Payment Instructions Credit to my bank Account No. with The Banaskantha Mercantile Co-Op. Bank Ltd.
 BMB Staff Senior Citizen Others Please fill and attach Form 15H/15G seperately if applicable

DECLARATION : I/We am/are aware that the pre-mature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation. I/We hereby authorize the Bank that in event of death of anyone of the Depositor(s), the bank on receipt of written request from the surviving Depositor(s), as per the mode of operation, to allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased depositor(s), if I/We have given a joint mandate for premature withdrawal of deposit by surviving Deposit(s) at the time of booking the deposit or subsequently.

Note : I/We further declare and confirm that any modification to the above authorization/ mandate shall be only by way of joint instructions by all the applicants/joint holders. I/We am/are aware that penalty charges will be levied for the premature withdrawal of deposits as per the applicable terms and conditions of the bank and I/We have been informed about the applicable penal interest rate for premature withdrawal. The calculation of interest is basis 365 days in a year for deposits booked in a non-leap year and 366 days in a year for deposits booked in a leap (calendar) year.

I/We have read & understood the terms and condition governing the opening of an account with The Banaskantha Mercantile Co-Op. Bank Ltd. and those relating to various services including term deposit(s). I/We accept & agree to be bound by the said Terms & Conditions including those excluding/limiting the bank liability. I/We understand that the bank may as its absolute discretion, discontinue any of its services completely or partially without any notice to me/us. I/We agree that the bank may debit my/our account for service charges as applicable from time to time. I/We hereby declare that the information furnished above is true & correct to the best of knowledge.

* Above declaration is not applicable where account is maintained with mode of operation as "Jointly".

In the absence of specific instructions, Term Deposit will be automatically renewed on the same Terms & Conditions, at rates prevailing at the time of renewal

TERM DEPOSIT INITIAL PAYMENT / RECURRING DEPOSIT INSTALMENT DETAILS

Amount (in figures) (in words)

Mode of Payment : Cash (Please deposit only at Bank counters) Debit my/our Account Number

Cheque Number Dated Drawn on Bank's Name

Branch

Cheques issued by the cutomer from his/her existing bank account and payable to The Banaskantha Mercantile Co. Op Bank Ltd. A/c <customer name> will only be accepted.

Signature (1st Applicant)	Signature (2nd Applicant)	Signature (3rd Applicant)
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* Name Name Name

Branch Date

ACKNOWLEDGMENT SLIP

Name(s) of Applicant(s)

1. 2. 3.

Term Deposit / Recurring Deposit Details

Period Month(s) Day(s) Amount Rs. (In Words)

Payment Details

Cash Debit A/c with The Banaskantha Mercantile Co-Op. Bank Ltd. Cheque Number Dated

Received Officer Signature Bank Seal

NOMINATION (FORM DA1)

Yes I/We wish to Nominate (as per Details Below)

No I/We declare that I do not wish to make a Nomination in My/our Account

Nomination under section 452A of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (nomination) Rules, 1985, in respect of bank deposits.

I/We _____
 Address(es) _____ nominate the following person to whom in the
 of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Banaskantha Mercantile Co-Op. Bank Ltd.

Nature of Deposit _____ Additional details, if any _____
 Nominee Name Title First Name Middle Name Last Name

Nominee Address : _____
 _____ *City _____ *Pin Code _____ State _____

Relationship with depositor, if any _____ Age _____ If nominee is a minor, his/her date of birth

D	D	M	M	Y	Y	Y	Y
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 As the nominee is a minor on this date, I/we appoint Shri / Smt / Kum _____ (Guardian Name) _____ Relation with Minor Nominee _____

Address: _____
 *City _____ *Pin Code _____ State _____

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.

Signature (s) / Thumb Impression (s)

Date & Place _____

Depositor-1

Depositor-2

Depositor-3

Signature Of First Witness*

Signature Of Second Witness*

Name _____

Name _____

Address _____

Address _____

Note: Where deposit is made in the name of a minor, the variation or nomination should be signed by a person lawfully entitled to act on behalf of the minor
 * Attestation by two witness is required only for Thumb Impression(s). Signature need not be witnessed.

<p>Applicable, if no nomination is provided in a Single Holder A/c</p> <p><small>The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risk and consequences of my failure to give nominate and am fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your Bank records.</small></p> <p style="text-align: center;">..... Customer Signature</p>	<p>FOR BANK USE ONLY</p> <p><small>I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nominations.</small></p> <p style="text-align: center;">..... Employee Signature & Code</p>
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FOR BRANCH USE ONLY

Created By _____ Authorised By _____

TRN No. _____ Date :

D	D	M	M	Y	Y	Y	Y
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Branch _____ Rate of Interest _____

Lead General Code _____ Lead Convertor Code _____

ACKNOWLEDGMENT SLIP

We acknowledge the receipt of 'Nomination' From DA1 from Mr/Ms _____

_____ relating to Account No. _____

Date _____