



Shivalik Mercantile Co-operative Bank Ltd.

TERM DEPOSIT ACCOUNT OPENING FORM FOR EXISTING CUSTOMER

TERM DEP.
DEP03AUG16

- 1. Activity ID/Ref No. _____
- 2. Entered by _____
- 3. Checked by _____

Branch :

Canvas ID / Emp. No.

Customer ID

Date :

Term Deposit Account No.

Applicant Details

| | | | |
|---------------------|---|---|---|
| | Title | Full Name in CAPITAL LETTERS (leave one space between words) | |
| Primary Applicant : | <input style="width: 30px;" type="text"/> | <input style="width: 600px;" type="text"/> | Customer ID : <input style="width: 50px;" type="text"/> |
| Joint Applicant 1 : | <input style="width: 30px;" type="text"/> | <input style="width: 600px;" type="text"/> | Customer ID : <input style="width: 50px;" type="text"/> |
| Joint Applicant 2 : | <input style="width: 30px;" type="text"/> | <input style="width: 600px;" type="text"/> | Customer ID : <input style="width: 50px;" type="text"/> |

Details of Deposit Requested

Fixed/Term Deposit
 Recurring Deposit (Flexi)
 Daily Deposit
 Scheme Name _____

Scheme Code
 Term/Period (Days/Month/Year)
 Rate of Interest %
 Sr. Citizen

Amount
 Amount (in words)
 Amount (in Words)

Mode of Operation

Self/Single
 Either or Survivor
 Jointly
 Others

The mandate as above may also be extended to premature closure of term deposit.

Payment Details for Account Opening

Cash
 Debit Account No.
 Cheque No.

Drawn on
 Bank/Branch

Standing instructions : Kindly debit installment from above Account (RD).

Maturity Payment and Renewal Instructions

I/We authorize the bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me/us.

| INTEREST PAYMENT | PRINCIPAL / INTEREST PAYMENT MODE |
|--|--|
| <input type="checkbox"/> Re - Investment <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | <input type="checkbox"/> Interest credit to A/C No. <input style="width: 100px;" type="text"/> <input type="checkbox"/> Principal & Interest credit to A/c No. <input style="width: 100px;" type="text"/> |

Tax deduction at Source (TDS)

I/We understand that a fresh Form 15G/15H needs to be submitted at the beginning (April) of every Financial Year.

I/We further understand that Tax exemption will not be applicable if the interest accrual is more than the prescribed limit in a financial year.

PAN No. (Photocopy enclosed/already provided.)

This Space is intentionally Left Blank

Nomination

Yes

No, I/We declare that I/We do not wish to make nomination in my deposit account.

Nomination Form DA-1 : Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.I / We 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 Shivalik Mercantile Co-operative Bank Ltd. Branch

| Name | Address | Relationship with Depositor, if any | Age | If Nominee is a minor,his/her date of birth |
|------|---------|-------------------------------------|-----|---|
| | | | | |

As nominee is minor on this date, I/We appoint Mr. / Ms.

(Name, Address & Age)

to receive the amount of 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, Signature, Addresses of two witnesses, if thumb impressions obtained

Signatures(s)/ Thumb Impressions of Depositor(s)

| | | |
|--|--|--|
| | | |
|--|--|--|

DECLARATION IN CASE OF MINOR'S ACCOUNT

I hereby declare that I am the Father/Mother/guardian appointed by the court order (Copy enclosed) of Master/Miss _____ (Minor)

A) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority and operation in the account done by me shall be for the benefit of Minor Son/Daughter/_____. (Guardian operated Minor a/c)

OR

B) I hereby authorize my Son/daughter to open a term deposit a/c in his/her name and operate the said a/c as per Banks rule. I undertake to indemnify the Bank at all times against all suits, losses, claims etc which the Bank may incur on account of allowing Master/Miss _____ to operate the said term deposit a/c. (Self Operated Minor a/c of age 10 years and above)

Name of Guardian : _____

(Relation.....)

Signature of Guardian

Where deposit is made in the name of minor, nomination should be signed by a person Lawfully entitled to act on behalf of the minor.**Declaration/Understanding by Applicants**

I/We confirm having read and understood the rules pertaining to various Accounts / Services of Shivalik Bank .I/We accept and agree to be bound by the terms & conditions outlined in the rules which govern the account which I/We am / are opening / to be opened by me/us from time to time with the Bank. I/We agree that the Bank may debit my/our account for services/charges applicable from time to time.

I/We declare that I am/we are not a recipient of contribution/donation/receipt from any banned organization.

Signature Primary Applicant /
Thumb Impression(s)Signature Joint Applicant (i) /
Thumb Impression(s)Signature Joint Applicant (ii) /
Thumb Impression(s)

Name _____

Name _____

Name _____

For Bank Use Only

I/We hereby declare that the form and relevant document has been obtained and verified. Cash received / funds available in Saving / Current account / cheque cleared on.....date.

Signature of Authorized Official

Signature of the Branch Head

Emp. Code

Emp. Code

ACKNOWLEDGMENT OF NOMINATIONNomination received & registered on : Registration No. Account Name Account Number Customer ID **For Shivalik Mercantile Co-operative Bank Ltd.**

Authorised Signatory