

FD



VYAPARI SAHAKARI BANK MARYADIT

452 WEST MANGALWAR PETH, SOLAPUR - 413002 ♦ Phone No. (0217) 2328176 / 2326050

NEW / UPDATION FOR TERM DEPOSITE ACCOUNT OPENING FORM

BRANCH : Main Jodbhavi Peth VasantVihar Nehru Nager Market Yard Barshi Latur

CKYC No.:-

Account No.:-

TYPE OF DEPOSIT :- FD RD KANYARATN JEEVANDEEP DHANSANCHAY OTHERS

DEPOSIT / INSTALLMENT RS. PERIOD YEARS MONTHS DAYS

APPLICANT NO.1

Customer ID :-

DEPOSITOR'S	FIRST NAME	MIDDLE NAME	SURNAME
NAME :-			
MAIDEN NAME (Married Women before Marriage Full Name)			
FATHER NAME			
MOTHER NAME			

DATE OF BIRTH :- GENDER :- MALE / FEMALE MARITAL STATUS :- MARRIED / UNMARRIED

OCCUPATION TYPE SERVICE :- PRIVATE GOVERNMENT ANNUAL INCOME
 OTHERS :- PROFESSIONAL SELF EMPLOYED RETIRED
 HOUSE WIFE STUDENT BUSINESS Non-categorized

PAN No. LANDLINE No.
 Adhar No. MOBILE No.
 Email ID
 Address
 PIN CODE :-

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MINOR GUARDIAN : Type of Guardian Father Mother Court Appointed

JOINT APPLICANT NO. 2

Customer ID :-

DEPOSITOR'S	FIRST NAME	MIDDLENAME	SURNAME
NAME :-			
MAIDEN NAME (Married Women before Marriage Full Name)			
FATHER NAME			
MOTHER NAME			

DATE OF BIRTH :- GENDER :- MALE / FEMALE MARITAL STATUS :- MARRIED / UNMARRIED

OCCUPATION TYPE SERVICE :- PRIVATE GOVERNMENT ANNUAL INCOME
 OTHERS :- PROFESSIONAL SELF EMPLOYED RETIRED
 HOUSE WIFE STUDENT BUSINESS Non-categorized

PAN No. LANDLINE No.
 Adhar No. MOBILE No.
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Mode of Operation Self Former or Survivor Either or Survivor Anyone or Survivor
 Jointly Minor's Guardian Others (Specify : _____)

Standing Instructions For RD, Kanyaratna, Jeevandeep, Dhansanchay and others.

Kindly debit my Account No. <input type="text"/>	Installment Amount Rs. <input type="text"/>	Period <input type="text"/>	Per Month <input type="text"/>
Interest Payout Cummulative <input type="checkbox"/> Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TDS Exemption <input type="checkbox"/>	
TDS TDS Deducted <input type="checkbox"/> 15G <input type="checkbox"/> Form Recieved	15H <input type="checkbox"/> Form Recieved		

INSTRUCTION FOR AUTO RENEWAL

Auto Renewal : (Y) (N)

P. T. O.

MINOR DECLARATION

Type of Guardian :- Father Mother Court Appointed

Full Name of Guardian Mr/Miss. _____

I Hereby declare that the date of birth of minor who is my Son/Daughter _____ and I am his / her natural and lawful guardian / guardian appointed by Court Order, dt. _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account. I declare also that the above amount will be utilised for minor's sake of her / his life

Date :- / /20 _____ Gaurdian Signature _____

DECLARATION

I / We _____ do hereby that what is stated above is true to the best of my our / knowledge and belief, Enclosed K.Y.C. Document is are true copies (XEROX) of the original document which are attested by me / us.

Date :- / /20 _____ Applicant No. 1 _____ Applicant No. 2 _____

Form 60 ONLY FOR Persons / s (In Case PAN is not Available)

NAME: _____

(SAME AS ID ROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION _____ & THE ACKNOWLEDGEMENT NUMBER _____

IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR THE FINACIAL YEAR IN WHICH THE ABOVEV TRANSACTIONS HELD

AGRICULTURE INCOME (RS) _____ OTHER THAN AGRICULTURAL INCOME _____

VERIFICATION

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified on, the _____ day of _____ 20 _____

Place _____ Signature of the Depositors / Declarant _____

NOMINATION : Applicable Only For Persons / s or Sole Proprietorship (DA-1) Form

I / WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NOT WANT TO MAKE A NOMINATION IN MY / OUR ACCOUNT

Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2 (1) of Banking Companies (Nomination Rules 1985 in the respect of Bank Deposits.)

I / We _____ nominate the following person to whom in the event of my / our / minor's death

the amount of Deposit, particulars whereof are given below may be returned by Vyapari Sahakari Bank Maryadit Solapur Branch _____

DETAILS OF DEPOSIT :

Type of Deposit : _____ ACCOUNT NO: _____

NOMINATION SERIAL NO.

DETAILS OF THE NOMINEE

NOMINEE'S NAME: _____

RELATIONSHIP WITH THE DEPOSITOR : _____ AGE : _____ DATE OF BIRTH OF NOMINATION : _____

ADDRESS: _____

CITY: _____ PIN : _____ STATE : _____

Cust ID NO. OF NOMINEE (to be filled by Branch) : _____

As the nominee is a minor on this date, I/We appoint Shri/Smt. _____

Age _____ years Address _____

to receive the amount of the deposit on behalf of the nominee in the my / our / minor's death during the minority of the nominee.

Signature / Thumb impression of the Depositor (s)

Personal Details of Witness : (Witnesses are required only in case of applicant is illiterate and is affixing thumb impression)

Witness 1 Name : _____ Witness 1 Name : _____

Address : _____ Address : _____

Signature / Thumb impression _____ Signature / Thumb impression _____

Place : _____ Date : _____

All the above information's, Singature / s and enclosed K.Y.C. document's are verified by me.

Signature of Branch Manager _____ Branch _____ Date : / /20 _____