



# NAVI MUMBAI CO-OP. BANK LTD.

HO.: T-29 to T-33 & T-40 to T-46, 1st Floor, Dana Bazar, APMC, Sec-19B, Vashi, Navi Mumbai - 400 703.

## TERM DEPOSIT ACCOUNT OPENING FORM FOR INDIVIDUAL / NON INDIVIDUALS

Branch  Date  Account No.

1st Customer ID  2nd Customer ID  3rd Customer ID

Please fill in CAPITAL letters, Please tick (✓) the appropriate boxes.

Dear Sir / Madam,

Please open a Term/Recurring Deposit Account as per details given below, for which I/We deposit ₹ \_\_\_\_\_ / - (Rupees \_\_\_\_\_)

Payments By  Cash  Debit to A/c. No. \_\_\_\_\_ Branch \_\_\_\_\_

Cheque No. \_\_\_\_\_ Date : / / 20 Drawee Bank \_\_\_\_\_ Branch \_\_\_\_\_

### Type of Deposit :

Fixed Deposit (FDR)  Re-Investment Scheme (RIS)  Monthly Interest Scheme (MIS)

Recurring Deposit (RD)  Other Scheme (Specify) \_\_\_\_\_

Term Deposit / Recurring : Period  Months  Days Rate of Interest \_\_\_\_\_ % p.a.

In case of Minor Account (full details of Minor) : Minor's Date of Birth :

Incase of Minor name A/c. \_\_\_\_\_

The Minor's Account will be operated by Mr./Mrs./Ms. \_\_\_\_\_

having relation with Minor as  Father  Mother  Legal Guardian \_\_\_\_\_

### Personal Details of Account Holder (s) :

Applicant (Mr./Mrs./Ms./Mas.)

1st

2nd

3rd

Address \_\_\_\_\_

### Details of Business / Firm / Trust / HUF / Association of persons / Company / Society / Others

Name / Title of Account  Cust. ID No.

The Account will be operated by / Deposit Amount will be Payable to :

Self  Either or Survivor  Former or Survivor  Any One of Survivor (s)

All jointly or Survivor(s)  As per Resolution  Any other (Specify) \_\_\_\_\_

Whether Maturity Notice is to be sent ?  Yes  No Auto-Renewal  Yes  No

### Recurring Deposit :

Standing Instruction : Kindly Debit my SB/CA/CC/OD A/C No. \_\_\_\_\_ at \_\_\_\_\_ branch for Rs. \_\_\_\_\_ /- every month and CREDIT the amount monthly instalment to my/our RD A/C. till maturity

### Interest Payment :

Interest Payment on Monthly /Quarterly Basis Transfer to NAVI MUMBAI CO-OP. BANK LTD., Current / Savings Bank A/c. No. \_\_\_\_\_ Branch \_\_\_\_\_

Interest Payment on Monthly /Quarterly Basis BY NEFT (Incase of Account with other Bank)

IFSC Code  A/c No

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Any other mode of interest payment \_\_\_\_\_

Copies of Documents enclosed \_\_\_\_\_

### TDS EXEMPTION :

YES / NO.: FORM 15 G / FORM 15H / Reg. Society \_\_\_\_\_ From 15G/H

submitted on dated \_\_\_\_\_ and updated in System on dated \_\_\_\_\_ (Person Whose Overall income including interest on FD is below Rs.2,50,000/- or as decided by Income Tax Dept.)

- I/We undertake to furnish Term Deposit Receipt with instructions for renewal or disbursement of the principal amount of the deposit and interest due thereon upon maturity of the deposit. In the absence of any instructions on the due date, I/We authorize the Bank to Renew the deposit automatically for a similar term at the interest rate prevailing at the time of renewal in order to safeguard loss of interest.
- I/We, being the Term Deposit holder and a Senior Citizens availing the benefit of additional interest rate undertake to furnish Term Deposit Receipt duly signed by at the time of receiving payment.
- Where deposit is withdrawn before the date of maturity, the rate of interest applicable would be 1% less than the rate applicable for the period the deposit has actually remained with the Bank as ruling on the date of deposit. In case of Joint A/c, all the joint account holders have discharge for getting withdrawal before maturity.

**Declaration :**

**\*Applicable only in case of Joint A/C.**

- 1) \*We declare that in respect of our joint account, in the event of death of one of the depositors, before maturity of the deposit, having mandate 'Either or Survivor', 'Former or Survivor', 'Anyone or Survivor', if thought fit, say -
- a) The Surviving joint depositor/s are permitted to withdraw prematurely the deposit amount without the concurrence of the legal heirs of the deceased joint depositor/s.
- b) The other surviving depositor/s acting together are also permitted to make any variation / cancellation of subsisting nomination.  Yes  No.
- 2)  I/We hereby further declare that I/We am/are not related to any of the Directors of your bank
- I/We am/are Related to Mr./Mrs \_\_\_\_\_ (Director of your Bank)  
as \_\_\_\_\_ (Relation)

I/We agree to comply with and bound by Bank's rules for the time being in force any change make from time to time for the conduct of the above account.

Yours Faithfully,

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

(Signature(s) / Thumb Impression (s) of the Depositor/s)

I/We have been explained about the benefits of the Nomination facility. Nomination required :  Yes  No

If Yes, the name of Nominee to be printed on Term Deposit Receipt / RD Pass Book  Yes  No.

**Nomination (DA1Form) :** Applicable in case of Account from individuals and proprietary concerns only.

\* Nomination under section 45ZA 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 \_\_\_\_\_ (please specify name & address), nominate the Following Person to whom the balance in the account may be paid by \_\_\_\_\_ Branch of Navi Mumbai Co-Op. Bank Ltd., in the event of my / our / minor's death.

Name and Address of Nominee	Age	Relationship	D.O.B. if Nominee is Minor

**In case the Nominee is Minor :**

As the nominee is a minor on this date, whose Date of Birth is DD / MM / YYYY I / We appoint Mr. / Mrs. \_\_\_\_\_ Age : \_\_\_\_\_ Add. \_\_\_\_\_

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) of the Depositor/s)

*Witness No. 1	*Witness No. 2	
Name _____	Name _____	1
Address : _____	Address : _____	2
Signature : _____	Signature : _____	3
Place : _____	Place : _____	
Date : _____	Date : _____	

\* Witness : If Depositor (s) is / are giving Thumb Impression

**For Office Use Only**

Account No. \_\_\_\_\_ Certificate No. \_\_\_\_\_ w.e.f. \_\_\_\_\_  
Amount of Deposit \_\_\_\_\_ Maturity Value \_\_\_\_\_ Due Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Standing Instruction No. \_\_\_\_\_ Authorised by \_\_\_\_\_

Account Opened and Signature Verified

Account Opened By : \_\_\_\_\_ Jr. Officer \_\_\_\_\_ Manager \_\_\_\_\_  
Empl. Code \_\_\_\_\_ Empl. Code \_\_\_\_\_ Empl. Code \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

