



THE KANNUR CO-OP. URBAN BANK LTD.
H.O.: KANNUR- 670 002 No.1534

ACCOUNT OPENING FORM FOR FD/RD/CASH CERTIFICATE

Term Dep. Account No.	
Customer ID	
SB Account No.	
Member No.	

To,

The Branch Manager

The Kannur Co-operative Urban Bank Ltd.

.....Branch

Date.....

Dear Sirs,

I/We request you to open a.....Account in my / our name /s in accordance with the rules of the Bank, on the following terms and conditions and issue me / us a Deposit Receipt / Pass Book.

Amount of Deposit/Monthly Installment of RD	Rs..... (Rupees.....only)	
Period of DepositDays/Months/Years	Rate of Interest.....%P.a.
Periodicity and Mode of Interest payment(Credit to CA / SB Account No.)	

Sl. No.	Name in full and Address	Age	Phone No.	Occupation	Date of birth (in the case of minors)	PAN No
1						
2						
3						
4						

* For depositors with no SB Account/cust. ID, customer Personal Information to be filled.

PAYABLE TO: ☐ Either/Survivor ☐ 1/Survivor/s ☐ Jointly

☐ Illiterate depositor/Survivors ☐ No.....or Survivor/s

NOMINATION FACILITY: ☐ Opted ☐ Not opted

WHETHER DUE NOTICE IS TO BE SENT : ☐ Yes ☐ No.

*I/We, hereby authorize you to renew the subject deposit/s on the due date/s at the rate of interest prevailing at the time of renewal/ as per Bank rules, subject to the prevailing TDS provisions. All other terms and conditions stated in the application will be applicable to the renewed deposit/s until further information from me/us.

*1. The cited clause is applicable only for FD & CC. 2. The cited clause is not applicable in case of deposits of minors. 3. The clause will not be applicable in case the deposit is encumbered

DECLARATION

I/We hereby confirm that the Rules of Business have been read by me / us and / or explained to me / us. I/We have understood and agreed to be bound by the Bank's Rules and Regulations governing such accounts from time to time. I/We confirm that I am/ We are Indian National/s and resident/s of India. I/We hereby declare that the above information is true and correct.

** In the event of death of any of the joint depositor/s prior to the maturity of the deposit the bank will at the written request of the surviving depositor/s be at liberty though not bound and at its absolute discretion to pay interest till the date of settlement, to repay the deposit before maturity or to grant an advance against the security thereof to any-

one or more of the surviving depositor/s with the consent of other surviving depositor/s, on such terms as the bank may decide and to add/delete / substitute any names therein. The discharge given by such surviving depositor(s) /any of the surviving depositor(s) shall give the bank a valid discharge."

***Please delete the clause if Not Acceptable or in case of Joint accounts operated jointly.**

Yours faithfully,

(Signature)	(Signature)	(Signature)	(Signature)
(First Depositor)	(Second Depositor)	(Third Depositor)	(Fourth Depositor)

(Depositors to sign before Bank Officer)

FOR OFFICE USE Singed before me. Deposit accepted at.....% Per annum Date: _____ Branch Manager	Received deposit receipt pertaining to deposit Account No.....having printed Serial No.....On..... Date: _____ Signature of Depositor
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NOMINATION FORM DA-I

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of 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 The Kannur Co-op. Urban Bank Ltd.

Deposit	Nature	Distinguishing No.	Nominee Name	Address

Relationship with depositor, if any :

Age:

If nominee is a minor, Date of Birth :

As the Nominee is minor on this date, I/We appoint * Sri / Smt / Kum.....
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. We advice that you may indicate/not indicate' the name of the nominee in the Pass Book/ Deposit Receipt (Strike out whichever is not applicable)

Place :

(Signature of the depositor/s)**

Date :

Witness 1***

Witness 2***

Name

Signature

Address

* Strike out if Nominee is not a minor

** Where the 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

*** Thumb impression/s shall be attested by two witnesses

FOR OFFICE USE

Nomination accepted and Registered vide Regn. No.....Date.....

Assistant Manager

For The Kannur Co-op. Urban Bank Ltd.
Branch Manager