ધી ગોધરા અર્બન કો-ઓપરેટીવ બેન્ક લી.

THE GODHRA URBAN CO-OP BANK LTD.

Rana Vyas Marg, Godhra - 389 001. Dist. PMS

PROUDLY CO-OPERATIVE

ACCOUNT OPENING FORM

Branch

Customer No. | Account No. | Receipt No. | Date

Dear Sir,

Please open a **TERM DEPOSIT** Account in my/our name/s in the books of the Bank for credit of which, I/We Deposit Rs. _____ * vide Cash/Cheque No. _____ dt. _____ I/We agree to comply with and be bound by the Bank's rules for the time being in force for the conduct of such account.

The amount will be repayable to as per instruction No. _____ stated below:

(1) Singly (2) Either or Survivor (3) Former or Survivor (4) No. _____ /Any one of us or any of the survivor or the last survivor (5) Jointly (6) Either or Survivor / Former or Survivor, further we advise the bank to pay to the survivor on or before due date in the event of death of any one of us.

_____ Initials of all signatories.

Please issue Fixed Deposit / Re-Investment Scheme Receipt for Rs. _____ for the period of _____ days / months / years at _____ % per annum.

Please credit fortnightly / monthly / Quarterly interest to CA / SB A/C. No. _____ with you / your _____ Branch.

• Please forward intimation of due date of this deposit to my residence. ☐ Yes ☐ No
(Tick whichever applicable)

Income Tax : ☐ 15 H Applicable ☐ 15 G Applicable ☐ To Be Deducted

Yours faithfully,
Specimen Signature

FULL NAME

1) _____ _____
(Surname First Name Middle Narme)

2) _____ _____
(Surname First Name Middle Narme)

3) _____ _____
(Surname First Name Middle Narme)

In Case Of Minor,

Date of Birth _____ Name Of The Guardian _____

Relationship _____

Occupation _____ Annual Income : _____

Address in Full _____

For office use only Signature of officer

Tel. No. _____ Resi. No. _____

FORM DA - 1

Nomination U/S.45ZA Read With Section 56 Of The Banking Regulation Act.1949 And Rule 2 (1) of the Co-Op. Banks (Nomination) Rules, 1985 in respect of the bank deposits.

1. I / We nominate the person in the event of My / Our / Minors death, The amount of deposit in the account, May be returned by bank.

2. As the nominee is a minor on this date / we appoint the person to receive the amount of the deposit in the account on behalf of the nominee in the event of My / Our / Minors death during the minority of the nominee.

Nominee - Name _____

Address _____

City _____ Pincode _____ Phone _____

Date Of Birth _____ Relation With Depositor _____

Appointee - Name _____

Address _____

City _____ Pincode _____ Phone _____

Date _____ Signature _____

NAME SIGNATURE

1) _____ _____

2) _____ _____

Place : _____ Date : _____

CLERK **OFFICER** **MANAGER / ASSIT MANAGER**