



Amanath Co-operative Bank Limited

(Scheduled Bank)

AFFIX
PHOTO
HERE

Branch.....

A/C. No.

PAN No.

1. ACCOUNT CHOICE

ACCOUNTS

☐ Savings

☐ Current

(Any other specify).....

TERM DEPOSITS

☐ Fixed

☐ Khushal

☐ Cumulative

☐ RBD

2. CONSTITUTION

☐ Individual

☐ Joint Account

☐ Proprietary

☐ Trust

☐ Association

☐ Private Ltd. Co.

☐ Public Ltd. Co.

☐ Partnership

☐ UCB/DCC Bank

☐ Co-op Societies

(Any other specify).....

3. DEPOSITS

TERM DEPOSIT
AMOUNT Rs.

In Words.....

Plan Period.....

.....Years.....Months.....Days

FURTHER RENEWED UPTO

1. 2.

3. 4.

5. 6.

4. MINORS

Applicant's Date of Birth DD MM YYYY

Guardian Name.....

Relationship ☐ Mother ☐ Father

(Any other specify).....

5. ACCOUNTS WITH US

I/WE ☐ Do Not Have Any Account With ACB Ltd.

☐ Have the following Accounts With
Amanath Co-operative Bank Ltd

1. Name

A/C Type

Number

Branch

2. Name

A/C Type

Number

Branch

6. NAME

1. Mr/Mrs/M/s..... Age.....

S/oD/oW/o.....

2. Mr/Mrs/M/s.....

S/oD/oW/o.....

3. Mr/Mrs/M/s.....

S/oD/oW/o.....

7. ADDRESS

1.....

.....

.....

City.....Pin Code.....

Phone..... Mobile.....

E-mail IDFax.....

2.....

.....

City.....Pin Code.....

Phone..... Mobile.....

8. OPERATIONAL INSTRUCTIONS

FOR INDIVIDUALS - DATE OF BIRTH.....

☐ SINGLY ☐ SEVERALLY

☐ JOINTLY ☐ EITHER OR SURVIVOR

(Any other specify).....

For Firms/Companies/Trust

As per Partnership Deed Dated.....

As Per Resolution Dated.....

Authorised Partners/Directors

DESIGNATION

9. INTRODUCED BY

NAME.....

A/c TYPE

ADDRESS.....

A/C NO.

CITY PIN.....

PHONE

DATE OF CONFIRMATION

SIGNATURE OF INTRODUCER

1. 2.

3. 4.

Signature of Depositor / A/c Holder

Verified : Found to be in order
Ledger Keeper

Officer

FOR BANK'S USE

Approved by Manager

Date :

Membership No.:

Customer ID :

Account No.:

FOR TERM DEPOSITS

- ☐ RENEW THE TERM DEPOSIT FOR IDENTICAL PERIODS ON MATURITY
☐ PAY PERIODICAL INTEREST ON THE DEPOSIT
☐ MONTHLY ☐ QUARTERLY
☐ HALF-YEARLY ☐ YEARLY
 TO THE CREDIT OF SB / CA / A/C. NO.
 OR
 BY POST / PO / DEMAND DRAFT FAVOURING

MR/MRS/M/S.....

FOR CUMULATIVE DEPOSIT

Debit my SB Account

No.....

For Credit of my CD Account

No.....

NOMINATION FORM DA I (to be filled up by the Depositor for this Facility)

I/We.....

.....(name & Addresses) nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars, there of given below, may be returned by the Amanath Co-operative Bank Ltd.....

(Name and Address of Branch Office in which the deposit held)

Nature of Deposit	Name	Address	Relationship with Depositor	AGE	If nominee is minor his/her Date of Birth

11. AUTHORISATION & DECLARATIONS

The Bank based on this application from the authorized signatories mentioned under 'Operation', in the absolute descretion and subject to such terms and conditions as the bank may stipulate, make payment/ premature payment of the proceeds of the deposit at the time of closure of the account.

I/we request and authorize you to honor all cheques or other orders drawn by me/us and I/We request you to debit such cheques or other orders, bills of exchange and notes as also amounts of any dishonored bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I/we draw cheques/cash in excess of our credit balance in the account with the bank as and when the necessity arises. I/We undertake to repay the amounts overdrawn with interest immediately. The bank is hereby authorized to charge interest on the amount overdrawn as per the rules of the bank in force with or without any advice to me/us. I/We confirm the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by/to me/us and I/We agree to abide by the rules and regulations which may be modified from time to time.

11A. I/We ensure to maintain sufficient balance in my/our accounts before Issuing of Cheques to parties to avoid penalty under section 138 of Negotiable Instruments Act, failing which the bank shall be at liberty to close the account without further notice.

1. 2.
3. 4.

Signature of Depositor(s)

2.As the Nominee is a minor on this date, I/We appoint

Sri/Smt/Kumari.....

.....(Name, Address and Age) 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.

Place:

Date:

Signature(s)/ Thumb Impression(s)

(only for Thumb Impression(s) of Depositor(s)

Witness:

1.....

2.....

Nomination Register Details Date.....

Number.....

Where Deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Note: The Branch should comply provisions of section 45 ZA-2 to 45 ZF read with section 56 of BR Act of 1949 and co-operative Banks (Nominations) rule 1985 and further guidelines issued by RBI from time to time.

ENCLOSURES Required as per KYC Norms

INDIVIDUALS	PARTNERSHIP	COMPANIES	TRUSTS / SOCIETIES
<ul style="list-style-type: none"> • Copy of Pan Card / DL / Passport / Voters ID, • Recent Telephone Bill/ Electric Bill • Bank A/C Statement • Ration Card • Letter from any recognised Public Authority • Letter from employer (subject to satisfaction of Bank) 	<ul style="list-style-type: none"> • Certificate of Registration (If registered) • Partnership Deed • Power of Attorney (POA) given to partners to act on its behalf. • Copy of Recent Telephone Bill 	<ul style="list-style-type: none"> • Certificate of Incorporation - Memorandum of Association and Article of Association • Resolution of Board of Directors • Power of Attorney (POA) granted to transact the business on its behalf. • Copy of PAN Card • Copy of Recent Telephone Bill 	<ul style="list-style-type: none"> • Certificate of Registration (COR) • Resolution of Management body. • Power of Attorney (POA) to transact on behalf of the trust. • Copy of Recent Telephone Bill. • Any Official documents to identity the persons connected with the trust