

THE BUSINESS CO-OPERATIVE BANK LTD.

NASHIK ROAD.

DEPOSITS APPLICATION FORM - INDIVIDUAL/HUF.

ACCOUNT TYPE	☐ DEPOSIT ☐ REINVESTMENT ☐ FDQ			☐ RECURRING DEPOSIT ☐ LINKED TO ☐ SAVING ☐ CURRENT		FIXED DEPOSIT ACCOUNT NUMBER	
	☐ FDM ☐ CURR		:NI	DATE	/ /20		
	1ST APPLICANT* MR./MRS./MS.	SURNAME		NAME	FA	THERHUSBAND NAME	
,	MAILING ADDRESS:	AILING ADDRESS :		EXISTING ACCOUNT DETAILS			
	-	-		CURRENT		SAVING	
			☐ Any Other				
	TEL. NOS. (OFF.) :						
	(RES.):			ACCOUNTS NO.			
	OCCUPATION			* IF MINOR, NAME OF PARENT/GUARDIAN			
	DATE OF BIRTH						
	MONTHLY INCOME			DATE OFBIRTH			
CUSTOMER INFORMATION	2ND APPLICANT* MR./MRS./MS.						
	SURNAME			NAME FATHER/HUSBAND NAME			
	2ND APPLICANT*						
	MR./MRS./MS		NAME	FATHER/HUSBAND NAME			
	DATE OF BIRTH						
	1		2	3			
	PHOTOGRAPH		PHOTOGRAPH		PHOTOGRAPH		

	INTRODUCER'S NAME	BANKERS VERIFICATION (#Applicant is known to Bank)						
INTRODUCTION DETAILS	ADDRESS	NAME OF OFFICIAL DESIGNATION						
	A/c. No. SIGNATURE	SIGNATURE						
MODE OF OPERATION	☐ SINGLE ☐ JOINT ☐ EITHER OR SURVIVOR							
	☐ ANY OTHER							
	GSpecify)							
	Period%p.a.Rs%							
DEPOSIT DETAILS	Interest Payment	☐ Quarterly						
	☐ Reinvest							
-1	Remit to me / us by Draft / Bankers Cheque at my / our mailing address							
	Nomination under Section 45ZA of the Banking Regulation Act, 1949 and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1965, in respect of Bank Deposits. I/We named overleaf nominate the following person to whome in the event of my/our/minor's death, the amount of the deposit covered by this account may be returned by THE BUSINESS CO-OP.BANK LTD., Nashik Road.							
	Nominee	Relationship Age						
	ADDRESS							
NOMINATION	ADDITECT							
	As the nominee is minor on this date, will 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.							
	WITNESS : NAME							
	ADDRESS							
	I/We request THE BUSINESS CO-OP, BANK LTD, to o	SIGNATURE						
DECLARATION	2. I/We agree to abide by the rules relating to deposit account(s) stipulated by the bank and other							
	regulatory authorities. 3. I/We understand that in the absence of instruction to the contrary, deposit shall be renewed for a							
	similar period at the interest rates applicable on the date of maturity.							
I/We authorise the Bank to deduct tax at source, where applicable as per income Tax Act.								
	1	SIGNATURE (S)						
SIGNATURE								
	1							
	1.							