



THE MAHARAJA CO-OP. URBAN BANK LTD.,

H.O. 47-9-16, 3rd Lane, Dwarakanagar, VISAKHAPATNAM - 530 016 Phone : 0891 - 2721733, 2505888, A.P.

Branch :

Date :

APPLICATION FOR OPENING OF FIXED / CUMULATIVE TERM / RECURRING DEPOSITS

Please put ☐ mark in the appropriate Scheme

Customer ID :

Fixed [ST] [MIS] [QIS] [HIS] [YIS] Cumulative Term [] Recurring Deposit []

Type of Deposit: Normal [] Sr. Citizen [] Minor [] Society [] Institution [] Staff []

1st Applicant

2nd Applicant

Name in Full
Capital Letter

S/o. / D/o. / W/o.

Date of Birth & Age

Pan No.

Aadhar No.

Occupation

Residence Address

Contact Details

Landline :

Mobile :

Email :

In case of Minor, Name of the Guardian & Relationship

Deposit amount in Figures Rs.

Deposit Amount in words

Rate of Interest

Period (.....Days) (..... Months) (.....Years)

Deposit Payable to :- Single [] Either or Survivor [] Jointly []
Any one or Survivor [] Former or Survivor [] Any other (specify) []

Standing Instructions :- Please debit Rs..... from my/our.....A/c. of.....
(In case of RD) Branch every month and credit the same to my RD A/c.

1. Periodic interest may be paid MLY / QLY / HLY / Credit to our SB A/c. No.
/NEFT for the Credit of our Account No. with Bank
Branch : IFSC :

2. Whether tax on interest from term deposit to be deducted : YES / NO / NA, if "NO" submit form 15G/15H with Copy of PAN.

Mandate

Since we have agreed and instructed the Bank to pay the above Deposit payable to "Either or Survivor" or "Former or Survivor", we are hereby authorise the Bank to allow premature withdrawal of the above deposit amount by Surviving Deposit Account holder on the death of the other without seeking concurrence of the legal heirs of the deceased Joint deposit holder.

Signature of 1st Applicant

Signature of 2nd Applicant

DEPOSIT MATURITY INSTRUCTION (Please tick appropriate box)

☐ Renew along with interest for the same period every time

☐ Renew without interest for same period and credit interest to

☐ Credit proceeds to my / our SB / CA A/c. with branch
IFSC :

I/We agree to abide by the rules pertaining to the Bank.

Signature of 1st Applicant

Signature of 2nd Applicant

FORM DA-1

Nomination under section 45 ZA read with section 56 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 _____ Nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below, may be returned by **THE MAHARAJA CO-OP. URBAN BANK LTD.**, Branch _____

NOMINEE DETAILS

Name : Customer ID :

Age or DOB : If, nominee is a minor his / her date of birth

Relationship with depositor :

Address :

☒ As the nominee is a minor on this date, I appoint Shri/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.

Place:

Date: Signature(s) / Thumb impression(s) of the depositor(s)

If Thumb Impression, Witness Required :

1. Name :	2. Name :
Signature :	Signature :
Address :	Address :

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.

☒ Strike out if nominee is not a minor

 Thumb impression(s) shall be attested by to witnesses

OFFICE USE

Deposit No.

Certificate No.

Date of Transaction

Effect Date

Due on

Maturity Amount

Cash / Transfer from

Officer Signature

Manager Signature

Received FDR on _____

Signature :

First
Applicant
Photo

Second
Applicant
Photo

Signature of 1st Applicant : 1.

2.

Signature of 2nd Applicant : 1.

2.