



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 []

	1 st Applicant	2 nd 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 here by 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)

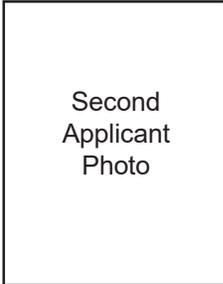
If Thumb Impression, Witness Required :

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 : _____	



Signature of 1st Applicant : 1.
2.

Signature of 2nd Applicant : 1.
2.