



FEROKE CO-OPERATIVE URBAN BANK LTD.
FIXED DEPOSIT / MARVEL REINVESTMENT APPLICATION FORM

FULL NAME (S) (IN BLOCK LETTERS)

CUSTOMER ID

Address and Occupation of the FIRST DEPOSITOR

1.		
2.		
3.		

PAN/GIR No. of the First Depositor

Phone Number Of the first depositor :

I/ We request you to open under mentioned Account repayable to.....

☐

FIXED DEPOSIT

☐

MARVEL RE-INVESTMENT SCHEME

I We wish to deposit Rs.(Rupees.....

.....only) for.....days/months/year@.....%per annum.

I/We agree to be bound by the Bank's rules and regulations governing such accounts from time to time.

SPECIAL INSTRUCTIONS :

Name/s& Signature/s: 1.Member No.

Date: 2.Member No.

Place : 3.Member No.

	Name	Signature 1	Signature 2	Signature 3
1.				
2.				
3.				

To be filled in case of minor

I certify thatwas born on

Guardian's Name & Signature

I certify that I have known.....since the past.....months/years and confirm his/her occupation and address.

Name:.....A/c No.....

Name & Signature:

FOR OFFICE USE ONLY

A/c Opened : Account No.

Signed before me / signature verified(authorised official)

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 deposit

[Name (s) and Address(es)]

Deposit

Nominee							
Nature of	Distinguishing No	Additional details if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor his/her Date of Birth

(Name, Address & Age)

Date :

Name (s) Signature (s) and
address (es) of witness (es)

- * Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf on the minor.
- * Strike out if nominee is not a minor.
- * Thumb impression (s) shall be attested by two witnesses.