

FEROKE CO-OPERATIVE URBAN BANK LTD.
APPLICATION FOR OPENING A RECURRING DEPOSIT ACCOUNT

Personal Details :

1. Name :
2. Father's/Husband's Name.....
3. Present Address
4. Permanent Address :
5. Occupation :
6. Phone No.: Landline :
- Mobile :
7. Age & Date of birth :
8. Savings Bank Account No.:
9. Member Number :

Affix Passport size
Photo
(Photo not necessary
if submitted earlier
in any type of
accounts. If so,
quote the old account
No. here)

I request you to open a Recurring Deposit Account maturing in.....months for making a deposit of Rs..... a month in my/our name. I herewith remit the first instalment and I agree to pay all the subsequent instalments before the due date. I also agree to abide by the rules and regulations governing the deposit. My / Our specimen signatures are given below:

Name of the depositor	Signature 1	Signature 2	Signature 3

Place :

Yours faithfully,

Date :

(Name & Signature)

Introduced by :

.....Account No:.....

FOR OFFICE USE ONLY:

Account No:..... Period :..... Interest Percentage :.....
Instalment Amount :..... Maturity Amount :..... Due Date:.....

Account Opened. KYC Complied.

Clerk

Branch Manger

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 deposit.

I/We

[Name (s) and Address (es)]

nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit particulars where of are given below, may be returned by the Feroke Co-operative Urban Bank Ltd. Feroke.

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

As the nominee is a minor on this date. I, we appoint Shri / Smt./Kumari.....

(Name, Address & 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)
of depositor (s)

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 of the minor.
- * Strike out if nominee is not a minor.
- * Thumb impression (s) shall be attested by two witnesses.