THE AKOLA URBAN CO-OPERATIVE BANK LTD., AKOLA

{Multistate Scheduled Bank}

Deposit Account Form

Branch Name : _____ Customer ID : _____

CKYC Number : _____ Account Number: _____

Type of Deposit ☐ **Term Deposit** ☐ **Recurring Deposit** Please (✓) tick the appropriate boxes

Date: _____

To, The Manager, I wish to deposit in Fixed / Term / Recurring Deposit (Per Month) as per details Given Below.

Amount Rs. _____ (Rs. _____)

Scheme _____, Tenure _____ Days / Months / Years, Rate of Interest _____ % Per Annum

Deduct TDS: ☐ Yes ☐ No If No, Attach ☐ Form No. 121 ☐ IT Exemption Letter

Full Name of Customer (Start with First Name) **Customer ID**

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

(If 1st applicant is minor, please write DOB & Guardians name below the minor's name & fill minor declaration form)

Mode of Operation / Operation Instruction and Balance payable to :

☐ Self / Single ☐ Either of Us or Survivor ☐ Former or Survivor ☐ Jointly / Jointly All

☐ Guardian of Minor ☐ Any _____ of us or Survivor ☐ Any _____ of us ☐ _____

Standing Instruction for Term / Recurring Deposit (Per Month) Only

A) Kindly pay FD Interest at ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly interval by:
☐ Cash ☐ Pay Order ☐ NEFT/RTGS ☐ Cr to SB / CD / ADV A/c No. _____

B) Kindly debit monthly RD installment Rs. _____ to SB / CD / ADV A/c No. _____

Maturity amount Instruction:

☐ I/We authorised the bank to automatically renew my/our matured deposit for the same period of deposit made.

☐ I/We do not want the fixed deposit to be automatically renewed.

a) ☐ Please credit the maturity amount to my/our account with AUCB Ac No. _____

b) ☐ Please credit the maturity amount to my/our account with other bank as per below details.

Account Number : _____ IFS Code : _____

Name of Bank : _____ Name of Branch: _____

Note: If no option is selected the deposit will be treated as automatically renew matured deposit for the same period of deposit made.

Parties Signing in Vernacular Signature:

1) I/We understand fully the difficulties of your accepting cheques signed in any language other than English, Hindi & Marathi.
2) In consideration of your allowing me / us this facility, I/ We hereby agree that the bank is and will be entitled to debit my / our account with the amount of my cheques taken from the cheques books) supplied from time to time to me/us such cheque(s) purporting to bear my / our usual signature, through it may subsequently appear; that such cheques) was / were not in fact signed by me/ us and / or by any person authorise by me /us provided reasonable precautions were taken by the Bank and that there was nothing on the face of the cheque(s) to arouse suspicion.
3) I/ We also hereby absolve the Bank from all liability and consequences if it return any of my / our cheques on the ground that the signature thereon was not correct according to the specimen of my / our signature, even though the signature may really be correct.

Declaration for FD Account:

1) The bank may on receipt of written application from Shri._____ the former / the latter / the first name, the second name etc. of us either or survivor of us or any one or survivors or survivor of us in its absolute discretion and subject to such terms and conditions as the bank may stipulate.
   a) Grant a loan / advance against the security of the term deposit receipt to be issued in our joint names or
   b) Make premature payment of the proceeds of the deposit to the former / the latter / the first named of us / either the second or survivor of us etc. named by us / any one of us or survivors or survivor of us.

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

Details of other Accounts

Please give the details of your other accounts in our*/other Bank

Bank	Branch	Type of Account facilities	Account Number

Nomination form DA - 1 (Maximum 4 person can be nominated per account)

Nomination: ☐ Not Required ☐ Required If Required: ☐ Simultaneously ☐ Successively

I / We nominate following named person as my/ our nominee after may / our death and entitled legally to receive the money as per section 45 (ZA) of banking Regulation Act, 1949 and U/S Co-operative Societies, 1985 Rule2 (1)

Name & Address	%	Age	Date of Birth (in case of Minor)	Relation with Applicant

As the Nominee is minor on this date, I/We appointee Shri/Smt. _____

Address _____ to receive the amount of the deposit on behalf of the nominee in the event of my /our death during the minority of the nominee.

***Note: if the depositor is illiterate, thumb impression should be attested by two witnesses.**

Full Name of witnesses Address Signature

1. _____ _____ _____

2. _____ _____ _____

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

Customers Declaration :

1) I hereby confirm that I agree to abide by the terms, conditions, rules & regulations and other statutory requirements applicable to the bank. I hereby declare that the particulars/information given above are true, correct and complete to the best of my knowledge and belief. The documents submitted along with this form are genuine. I undertake to inform you of any change therein immediately. I hereby agree to provide any additional information/documentation that may be required by the Bank in connection with this form.
2) In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
3) I confirm that I have read & understood the above Declaration and that the details provided on the form are correct. And all the terms and conditions, processes and alternatives have been explained to me in local language as well.

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

A/c. opened on: A/c opened by Officer / Manager

FDR's Renewal Details:

Date of Renewal	Deposit No. Receipt No.	Principle Amount	Period	As of Date of Deposit	Maturity Date	Rate of Int.	Maturity Value	Officer's Sign	Customer Sign