



**THE AKOLA URBAN CO-OPERATIVE
BANK LTD., AKOLA**

(Multistate Scheduled Bank)

॥ सहकारेण जनकल्याणम् ॥

Branch _____

DEPOSIT ACCOUNT FORM

(For Renewal & Existing Customer)

Customer ID

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Account No.

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Term Deposit ☐

Monthly Recurring Deposit A/c. ☐

Date : / /20

To,
Branch Manager,

I/We wish to deposit in Fixed / Term / Recurring Deposit (Per month), under the scheme _____

Rs. _____ (In words _____ only) for

_____ days / Months / Years at the Rate _____ % p.m.

Is the TDS to be deducted ? : Yes ☐ No ☐

If No give TDS Exemption Reason : _____ Co.op. Society / Fill up 15G / 15H form

Full Name (Start with First Name)

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

Photograph 1 	Photograph 2 	Photograph 3 	Photograph 4
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1 	2
3 	4

Note : If 1st applicant is minor, please fill minor declaration from & Date of Birth

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Special operational Instruction & Balance payable to :

1. Self ☐ 2. Either of us or survivors ☐ 3. Jointly ☐ 4. Former or Survivor ☐
5. Any _____ of us or Survivors ☐ 6. Minor of Guardian ☐ 7. Other (Please specify) _____

Standing Instructions for Term / Recurring Deposit Only

(A) Kindly pay FD Interest at Monthly / Quarterly / Half-Yearly / Yearly intervals by :-

1. Cash ☐ 2. Pay order ☐ 3. Credit to SB / CD / CC / OD / Loan A/C.

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at Br. _____

(B) Kindly debit monthly RD instalment of Rs. _____ to my / our SB / CD / CC / OD / Loan A/c. No. -

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at Br. _____

Declaration for FD Account

1) The bank may on receipt of written application from Shri. _____

- a) grant a loan/advance against the security of the term deposit receipt to be issued in our joint names or

2) I/we authorized the Bank to Automatically renew my/our matured deposit for the period as may

Date :

Signature of all depositors 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

Date :

Place : _____ Signature / Thumb impression(s) of depositor _____

Nomination Form - DA - 1

Nomination : Required	Not Required	<u>Only one person can be nominated per account</u>
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I/ We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the

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

As the Nominee is minor on this date, I/We

Appoint Shri / Smt/ Miss _____

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.**

Signature with Name and Address of witnesses.

1. _____

2. _____

Signature / thumb impression of
Account Holder

A/C. opened on :

A/c. opened by Clerk

Officer / Manager

FDR's RENEWAL DETAILS :

[illegible]