

FDR FORM



THE KHATTRI CO-OPERATIVE URBAN BANK LIMITED DEPOSIT ACCOUNT OPENING FORM

The Branch Manager,

B/o _____
Delhi _____
Sir,

Customer No. _____

Account No. _____

Non-member / Membership No. _____

PLEASE OPEN A FIXED / REINVESTMENT / RECURRING DEPOSIT ACCOUNT IN MY / OUR NAME(S), AS PER THE DETAILS GIVEN BELOW :

AMOUNT Rs. : _____

MODE OF PAYMENT :

PERIOD : _____ / DAYS / MONTHS

CASH / CHEQUE/DRAFT NO. _____

RATE OF INTEREST _____ % P.A.

DRAWN ON _____ DT. _____

MATURITY VALUE Rs. _____

DEBIT MY / OUR S.B. / CURRENT A/c No. _____

PAYABLE TO :

SELF EITHER OR SURVIVOR FORMER OR SURVIVOR (S) JOINTLY OR SURVIVOR

Affix recent photographs of applicant's.	For Applicant-1	For Applicant-2	For Applicant-3
Full Name			
S/o, W/o, D/o			
Occupation			
PAN No.			
Residential Address with Ph. No.			
Driving Licence/PassportNo./Voter ID Card No. (Copy Enclosed)			
Specimen signatures/Thumb impressions of applicants			

INTRODUCTION : (BY AN ACCOUNT HOLDER OF THIS BANK)

NAME _____ **ACCOUNT NO. / MEMBERSHIP NO.** _____

SIGNATURE (S) _____

RENEWAL DETAILS / SPECIAL INSTRUCTIONS (IF ANY) _____

WHETHER NOMINATION FACILITY REQUIRED ? **YES** **NO**

(IF YES, PLEASE COMPLETE FORM DA-1 ON BACK OF THIS FORM)

DECLARATIONS :

I/We understand and agree that :-

1. The Deposit(s) accepted under the Deposit Schemes of the Bank are not transferable and are repayable only on maturity.
2. The Deposit(s) are accepted in accordance with the guidelines issued by the Reserve Bank of India, from time to time. The terms & conditions, may be altered in pursuance of such guidelines or Bank's Polciy, which will be binding on the Depositor(s), with or without notice.
3. If Pre-mature withdrawal is permitted at my/our request, the payment of interest on Deposit, may be allowed in accordance with the stipulations laid down by the Bank or guidelines of the Reserve Bank of India, in this regard.
4. The Installment(s) of Recurring Deposit should be paid/deposited regularly with the Bank on or before the agreed date and no installment should remain in arrear. Incase of default, the Bank at its sole discretion, can levy penalty or stop the account, with or without notice and transfer the balance, to a non-interest bearing account.
5. In case of joint deposit payable to either/former/anyone or survivor(s), the survivor(s) reserve the right to apply for pre-mature closure or request for making any addition(s) in the name(s), upon the death of any/one of the Depositor(s), during the currency of the Deposit.
6. The payment made by the Bank to the Survivour(s) and/or Nominee, upon death of Depositor on or before maturity shall constitute valid discharge to the Bank.
7. The request for Pre-mature withdrawal or loan/advances, against these Deposit(s), shall be allowed only with the consent of all the Depositors.
8. The interest paid/payable on Deposits, so made shall be, subject to TDS, as per the provisions of Income Tax Act.

Dated : _____

{Signature of Depositor(s)}

Nomination Details (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 Bank Deposits.)

I / We _____ nominate the following person to whom in the event of my / our / minor's death, the amount of deposit, in the above Account, may be returned by **The Khattri Co-operative Urban Bank Ltd.** _____ (Address of Branch / Office in which deposit is held).

PARTICULARS OF NOMINEE

Name	Address	Relationship with Depositor, if any	Age	If Nominee is minor, his/her date of birth

**As the nominee is a minor on this date, I / We appoint Mr./Mrs./Ms.

(Name, Address and 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.

Name(s), signature(s) and address(es) of witness(es) @ * Signature(s)/Thumb impression (s) of depositor (s)

Place :Date :.....

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

FOR BANK USE ONLY :

ACCOUNT OPENED ON _____

FDR/RD/RDR NO. _____

 Introducer's Sign. Verified
 Signature

 Branch Manager