



KUNNAMANGALAM CO-OPERATIVE RURAL BANK LTD.

No. F. 1246, P.O. Kunnamangalam, Kozhikode Dist. Ph: 0495 2800245

Branch:.....

Application for opening Fixed Deposit Account

A/c Type A/c No. Date

1. Personal Details of the Depositor:

	Member No	Name	PAN
1.			
2.			

I). Address

House Name & No			
Place			
Post Office		City	
Phone		Pin	
Email		Mob.	

i. SB A/c No.	ii. Age	iii. Date of Birth		
iv. Sex M/F	v. SMS Banking Required	Yes/No.	vi. Intimation Required	Yes/No.

2. Account details

1) Operation of Account	Individual	Joint	Either or Survivor	Former or Survivor	
2) Constitution	Individual	Institution	Trust	Society	Sole proprietorship

3) Account operated by

Sl No.	Name	Designation (In case of institution)	Specimen Signature		
			1	2	3
1					
2					
3					

4) Amount by Cash/Cheque (Cheque No.....)/Transfer from my/our SB A/c.....

5) Total Amount : Rs.....(Rupees.....)

6) Requirements regarding deposit Receipts:

Sl No.	Amount	No. of bonds	Duration	ROI
1				
2				
3				

7) Standing Instruction

a) Please transfer interest on this account to SB/CA a/c No.....monthly/quarterly/
half yearly/yearly

b) Any other instructions.....

8) From 15G/15H. Attached

9) Introduced by

Name:		
Account type:	Account/Member No:	Signature

Sir

Please open a Fixed Deposit Account in my/our name /Firm in the books of the bank for which I/We agree to comply with and be bound by the bank's rule for the time being in force for the conduct of such accounts. I declare that the above furnished details are true to the best of my knowledge.

Place:

Date:

Signature:

Nomination

FORM DA 1

Nomination under section 45-2A 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 deposits.

I/We.....
Name (s) and address (s)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposits, particulars whereof are given below may be returned by Kunnamangalam Co-operative Rural Bank Limited
.....Branch

Deposit			Nominee				
Name of Account	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 minor on this date, I/We appoint Shri/Smt/Kum.....
.....
(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

Place:

Date:

Signature (s) of depositor (s)

Witness 1.

2.

For Office use only

Documents submitted for the ID/Address/Age proof

Voters ID Card	Passport	Driving License	PAN Card	Verifying Officer
Bank Passbook	Latest Telephone Bill	Ration Card		