



# Thane Bharat Sahakari Bank Ltd.

Scheduled Bank

Regd. Office : Shatataraka, Baji Prabhu Deshpande Marg, Naupada, Thane - 400 602.

Web site : www.thanebharatbank.com

BRANCH : \_\_\_\_\_

DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## TERM / RECURRING DEPOSIT ACCOUNT OPENING FORM

Customer ID:           A/c. No.

Standing Inst. No.

Are you shareholder of Bank Yes/No if yes Membership No.

I / we request you to open My / Our Deposit Multiplier Scheme / Term/Recurring Deposit a/c in your Bank with Rs. \_\_\_\_\_ (in words)

For \_\_\_\_ days/months/years interest rate @ \_\_\_\_ % p.a. and request you to accept further deposit in this A/c from time to time. In the event of death of the depositor(s), Premature termination of term deposit(s) would be allowed.

TDS exemption reason :-15H/15G Co-op Society/Shareholder (Please fill 15H/15G Form)

	Surname	First Name	Middle Name	Male / Female Third Gender
1.	_____	_____	_____	M / F / T
2.	_____	_____	_____	M / F / T
3.	_____	_____	_____	M / F / T
4.	_____	_____	_____	M / F / T

Date of Birth (in case of minor) DD   MM   YY

(Photo)

Sign across the Photograph

(Photo)

Sign across the Photograph

(Photo)

Sign across the Photograph

(Photo)

Sign across the Photograph

### Specimen Signature (Please sign in Black Ink)

1.

2.

3.

4.

### Operational Instruction

1. Either or survivor 2. Jointly or survivor 3. Former or survivor 4. Any one of us or any one of the survivors or the last survivor. 5. Other (Please Specify) \_\_\_\_\_

• If you are existing customer please directly to standing instructions

### Customer Details

Date of Birth : DD   MM   YY

Religion / Nationality : \_\_\_\_\_ Qualification : \_\_\_\_\_

Marital Status : Married / Unmarried Children : \_\_\_\_\_

Occupation : \_\_\_\_\_ No. of years in service : \_\_\_\_\_

Employers Name : \_\_\_\_\_

Employee No. : \_\_\_\_\_ Designation : \_\_\_\_\_

Annual Income : \_\_\_\_\_ PAN / GIR No.: \_\_\_\_\_

Passport No. : \_\_\_\_\_ Expiry Date of Passport : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Banker : \_\_\_\_\_ A/c. No. : \_\_\_\_\_

Residence : Owned / Rental

Flat No. and Name of the Society : \_\_\_\_\_

Road No. / Name : \_\_\_\_\_ Area / Locality : \_\_\_\_\_

City : \_\_\_\_\_ PIN \_\_\_\_\_

Tel. No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_

E-mail ID : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

## Standing Instruction

- 1) Kindly pay interest at Monthly/Quarterly/Half Yearly / Yearly intervals by  
 Credit to SB/CD/CC/OD/Loan A/c No. \_\_\_\_\_ at \_\_\_\_\_ Branch  
 Pay Order
- 2) Kindly debit monthly RD installment of Rs. \_\_\_\_\_ to my/our SB/CD/CC/OD/Loan A/c \_\_\_\_\_ Branch \_\_\_\_\_
- 3) Maturity Instruction - Payment of deposit on maturity by transfer to SB/CD/CC/OD/Loan A/c. No. \_\_\_\_\_ with \_\_\_\_\_ Branch.

## Declaration

I/We declare, confirm, agree :-

- a) that all the particulars and information given in the Application form are true, correct, complete and upto date in all respects and I/we have not withheld any information
- b) that the rules of Term Deposit Account of the Bank have been read by ME/US and that I/WE accept them as binding upon ME/Us.
- c) In the event of death of any of the joint depositor/s, prior to maturity of the deposit, we authorize the Bank at the written request of the surviving depositor/s, signed by all the survivor/s depositor/s to repay the deposit before maturity, or to grant an advance against the security thereof, on such terms as the bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the bank. (Applicable only in case of Joint Term Deposit account having repayment instructions as Either or Survivor/Anyone or Survivor/Former or Survivor).
- d) **The Bank may intimate on due Date for renewal of deposit Yes / No (It is not obligatory on the part of Bank.)**
- e) **To renew the deposit for the same period as the original deposit, at the prevailing rate of interest to applicable scheme.**

*\*Note : If depositor is an illiterate, thumb impression shall be attested by two witnesses.*

**Your Faithfully,**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_

## Introduction by an Existing Account Holder

Mr. / Ms. \_\_\_\_\_

SD/CD/CC/OD A/c. No: \_\_\_\_\_ Branch \_\_\_\_\_ Tele. No. : \_\_\_\_\_

I know the customer for a period of \_\_\_\_\_ months / years and confirm his/her address.

Date       Signature of Introudcer : \_\_\_\_\_

Signature verified by : Name \_\_\_\_\_

Signature : \_\_\_\_\_

## Nomination

Required (Please fill up the nomination DA1 form)  Not required

I/We nominate following named person as my/our nominee after my/our death and is entitled legally to received the money as per Section 45 (ZA) of Banking Regulation Act. 1949 and U/S 56 of Co-operative Societies, 1985 Rule 2 (1)  
 (Only one person can be nominated per account)

Name & Address	Age	Date of Birth (if minor)	Relation with Depositor

As the nominee is a minor on this date, I/We appoint Shri. / Smt. / Kum. \_\_\_\_\_

\_\_\_\_\_ 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 depositor is an illiterate, thumb impression shall be attested by two witnesses.*

Signature(s) of Depositor(s)

Signature(s) of Witness(es)

1. \_\_\_\_\_ 1.  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 2.  
 4. \_\_\_\_\_

## FOR BANK USE ONLY

A/c. Opened on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signatue of Clerk :

Approved

Signature of Supervisor Office : \_\_\_\_\_

Sr. Officer / Manager \_\_\_\_\_

*\*In case of new customer proof of identity and documents to be obtained as per Saving/Current Account opening form.*