

..... DEPOSIT

Place

A/C No.

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Date

The Mayyil Service Co-op: Bank Ltd.

No. C. 343 H.O. Mayyil PH: 0460 2275217, 2274287

SAVINGS / TERM / RECURRING / DAY / GROUP DEPOSITS ACCOUNT OPENING FORM

(Please (✓) where applicable)

To

The Branch Manager
Mayyil Service Co-op: Bank



Dear Sir,

I / We request you to open an account as per details furnished below

1 Name and address of Applicant

	A	B In case of joint account
M. No.		
Customer ID		
Name		
Father's Name		
Date of Birth		
Occupation		
Address		
Pin Code		
Phone . No.	Mob:	
Office Address		
Pan No.		

C In case of minor's Account

Name of Guardian :	Relationship :
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2 Details of Remittance for Opening of Account

SB	FD/CC	RD/GD	DD
Initial Deposit	Deposit Amount	Monthly Instalment	Daily Instalment
Rs.....	Rs.....	Rs.....	Rs.....
Interest rate.....%	Period.....mm/yy	Period.....mm/yy	Period.....mm/yy
Per annum	Interest rate.....%	Interest rate.....%	Interest rate.....%
	Per annum	Per annum	Per annum

3 Special Instructions

	<p><i>I hereby declare that the date of birth given above of the above Minor who is my Is true. I am natural. I hereby declare that the date of birth given above of the above transactions in the account until he/she attains majority. I identify the bank against any claim for any transactions made by me in the account.</i></p> <p style="text-align: right;">Signature of Guardian</p>
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I do hereby agree to obey all the existing and future rules of the bank regarding deposit

Signature of applicant (A)

Signature of applicant (B)

4 Specimen Signature

Applicant A	Applicant B
1	1
2	2
3	3

5 Introduction of the account

I know the applicant for this account personally since and confirm his/her/their address stated in the applicant
 Name M.No./Account No.....
 Signature

In case of Bank staff
 Name Designation Signature

Clerk

Manager

The Mayyil Service Co-op: Bank Ltd.
No. C. 343 H. O. Mayyil Ph: 0460 2275217, 2274287

FORM DA 1

Nomination under section 35 ZA read with section 56 of the Banking regulation Act. 1949 and Rule 2(1) of the Co-operative Bank (Nomination Rule, 1985) in respect of the bank deposits

I / We (Name & address of the customer)
 Nominee the following person to whom in the event of my/our/minors death, the amount of the deposit particulars where are given, below, may be returned by The Mayyil Service Co-op: Bank Ltd.No.C 343

DEPOSIT

Nature of deposit	Distinguishing No.	Additional details If any

NOMINEE

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

as the nominee is a minor on the date, I/We appoint Sri/Smt./Kumari
 (name, address & age)
 to receive the amount of the deposit on behalf of the nominee in the event of my minor's death during the minority of the nominee.

Signature of Depositors

Names, signature's and
 address of witnesses

Clerk

Manager