

The Visakhapatnam Cooperative Bank Ltd.

(Regd. No. MSCS/CR/1101/2014)

(Multi State Cooperative Urban Bank)

Branch :

Date :

APPLICATION FOR OPENING OF FIXED / AKSHAYA / CUMULATIVE TERM / RECURRING DEPOSITS

కాలపరిమితి / అక్షయ / క్యూములేటివ్ / లకరింగ్ కాలపరిమితి డిపాజిట్ ప్రారంభించుటకు దరఖాస్తు

Please put ✓ mark in the appropriate Scheme (దయచేసి మీకు కావలసిన స్కీమ్ మీద ✓ మార్క్ చేయండి)

Fixed [ST] [MIS] [QIS] [HIS] Akshaya [] Cumulative Term [] Recurring Deposit []
(కాలపరిమితి డిపాజిట్) (అక్షయ) (క్యూములేటివ్ డిపాజిట్) (రికరింగ్ డిపాజిట్)

Type of Deposit : Normal [] Sr. Citizen [] Minor [] Society [] Institution [] Staff []

	Sole / First Applicant ఏకైక / మొదటి దరఖాస్తుదారుడు		Second Applicant రెండవ దరఖాస్తుదారుడు	
Name in Full పూర్తి పేరు				
S/o. / D/o. / W/o. తండ్రి లేక భర్త పేరు				
Date of Birth & Age పుట్టిన తేదీ మరియు వయస్సు				
Occupation వృత్తి				
Residence Address ఇంటి చిరునామా				
Office Address ఆఫీస్ చిరునామా				
Phone Numbers ఫోన్ నెంబర్లు	Residence ఇల్లు	Office : ఆఫీసు	Mobile : మొబైల్	
PAN No. పాన్ నెం.				

In case of Minor, Name of the Guardian & Relationship
మైనర్ అయినచో సంరక్షకుని పేరు మరియు బాంధవ్యము

Deposit amount in Figures Rs. (డిపాజిట్ చేసిన మొత్తం అంకెలలో రూ.)

Deposit Amount in words (డిపాజిట్ చేసే మొత్తం అక్షరములూ)

Rate of Interest (వడ్డీ రేటు)

Period (..... Days) (..... Months)
(కాలపరిమితి రోజులు) (..... నెలలు)

Deposit Payable to :- Single [] Either or Survivor [] Jointly []
Any one or Survivor [] Former or Survivor [] Any other (specify) []

Standing Instructions :- Please debit Rs. from my/our A/c. of
(In case of RD) Branch every month and credit the same to my RD A/c.

Standing Instructions :- Monthly [] Quarterly [] Half Yearly []
(In case of FD / AKS) Interest may be credited to A/c. of Branch
(Tick which ever is applicable) For AKS : Interest payable Date (వడ్డీ చెల్లింపు తేదీ) :

Mandate

Since we have agreed and instructed the Bank to pay the above Deposit payable to "Either or Survivor" or "Former or Survivor", we are here by authorise the Bank to allow premature withdrawal of the above deposit amount by Surviving Deposit Account holder on the death of the other without seeking concurrence of the legal heirs of the deceased Joint deposit holder.

Signature of 1st Applicant

Signature of 2nd Applicant

Deposit Maturity Instruction (Please tick appropriate box)

- Renew alongwith interest for the same period every time
- Renew for a period of _____ month / days only, every time.
- Credit proceeds to my / our SB / CD A/c. _____ with _____ branch
- Remit proceeds by PO / DD to my office / residence address given above.

I / We agree to abide by the rules pertaining to the Bank (నేను/మేము బ్యాంకు యొక్క నిబంధనలను అంగీకరించుచున్నాను / ము)

Signature of 1st Applicant
(మొదటి దరఖాస్తుదారుని సంతకం)

Signature of 2nd Applicant
(రెండవ దరఖాస్తుదారుని సంతకం)

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 the Bank deposits.

I / We _____

nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below, may be returned by

THE VISAKHAPATNAM COOPERATIVE BANK LTD.,

DEPOSIT			NOMINEE	
Nature of A/c.	Distinguishing No.	Additional Details, if any	Name :	
			Age :	If, nominee is a minor his / her date of birth
			Relationship with depositor if any :	
			Address :	

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

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) / Thumb impression(s)
of the depositor(s)

WITNESS

1. Name : 1. Name :
Signature : Signature :
Address : Address :

Where the 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.

Strike out if nominee is not a minor

* Thumb impression(s) shall be attested by to witnesses

OFFICE USE

Head of A/c.	
Deposit No.	
Certificate No.	
Date of Transaction	
Effect Date	
Due on	
Maturity Amount	
Membership G.No.	

First Applicant
Photo
(మొదటి
దరఖాస్తుదారుని
ఫోటో)

Second Applicant
Photo
(రెండవ
దరఖాస్తుదారుని
ఫోటో)

1.
2.

1.
2.