

THE KAPOL CO-OPERATIVE BANK LTD.

(MULTI-STATE SCHEDULED BANK)

A/c. No.

_____ Branch

L. F. No.

DEPOSIT ACCOUNT

Share Holder No. _____

Date _____

Name of First Depositor _____
(Surname) (First) (Middle)

I/We request you to accept in cash / by cheque a sum of Rs. _____

(Rupees _____ only) in the name/s mentioned below to be placed with your Bank, in account ticked below for a period of _____ month @ _____ % interest.

I/We agree to be bond by Bank's rules and regulations governing such accounts from time to time.

 FIXED DEPOSIT SANCHAY NIDHI
 Recurring deposit with monthly instalment of Rs. (Variavle Deposit) (Minimum Amount Rs. 100/-)

 RECURRING DEPOSIT with monthly installments of Rs. _____

Payable on or before maturity to :

INITIALS OF THE ACCOUNT HOLDERS

 EITHER OF US ? OR SURVIVOR/S US JOINTLY 1) _____

2) _____

3) _____

 ANY OFUS / OR SURVIVOR/S 4) _____

SPECIAL INSTRUCTIONS IF ANY : _____

FULL NAME(S) (IN BLOK LETTERS) (SPECIMEN SIGNATURE(S))

1 _____

2 _____

3 _____

4 _____

ADDRESS (OF FIRST DEPOSITOR)

OCCUPTION OF ACCOUNT HOLDERS

_____ 1. _____

_____ 2. _____

_____ 3. _____

TELEPHONE : _____ DATE OF BIRTH (MINOR'S A/C. ONLY) _____

A/C. NO : _____ INSTRUCTIONS _____

FIRST NAME : _____

ADDRESS : _____

SPEIMEN SINATURE(S) : 1. _____ 2. _____ 3. _____

DATE : _____

INTRODUCTION : I Certify that I know Mr./Mrs./Ms. _____

Since the past _____ months / years and his / her occupation and address as stated in the application *

INTRODUCER'S NAME : _____

ACCOUNT NO.: _____

BRANCH : _____

NAME & ADDRESS OF NOMINEE	AGE	RELATIONSHIP	DATE OF BIRTH IF NOMINEE IS MINOR

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

_____ (Name, address, 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.

" In the event of death of the joint depositor, prior to maturity of the deposit, the Bank will at the request of the surviving depositor/be at liberty though not bound and at its absolute discretion 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"

PLACE : _____ SIGNATURE OR THUMB
IMPRESSION OF DEPOSITOR/S

DATE : _____

NAME, ADDRESS & SIGNATURE OF WITNESS _____

FOR OFFICE USE ONLY

VERIFIED

DATE OF AMOUNT

NOMINATION PARTICULARS
NOTED

AUTHORISED SIGNATORY

- ◆ Where the Deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
- ◆ Strike out if nominees is not a minor.
- ◆ Thumb impression(s) shall be attested by a witness.