



ಮರ್ಚೆಂಟ್ ಬ್ಯಾಂಕ್

ದಿ ಮರ್ಚೆಂಟ್ ಸೌಹಾರ್ದ ಸಹಕಾರ ಬ್ಯಾಂಕ್ ಸಿ. ಚಿತ್ರದುರ್ಗ

TERM DEPOSIT
Account Opening Form

Administrative Office : Chitradurga

MCC FD KSD

Branch : _____

Date :

Client ID :

A/c. No.

I/We wish to deposit in your Bank in Cash Certificate / Fixed / Recurring Deposit (Monthly Installment Amount) Rs. _____ (in Words) _____ for _____ days / months / years at interest rate of _____ % p.a.

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

Category : Minor General Senior Citizen Individual Joint Societies Trust

	Name	Address	Contact No.
1.			
2.			
3.			

Specimen Signature (Please sign in Black Ink)

1)	2)	3)
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For All Joint Accounts with Operational Instructions as - Either or Survivor or anyone or survivor or Former or Survivor

In event of death of any of the Joint Depositors / Former / the latter/ the first named / the second named etc, of us or Either or survivor of us. Anyone or survivors or survivor of us, the Bank, in its absolute discretion and subject to such terms and conditions as the bank may stipulate (a) grant a loan / advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceed of the deposit to the former / the latter / the first named of us / either the second or survivor of us etc. named of us / any one of us or survivors or survivors of us.

Operational Instruction

Self Either or Survivor Jointly Operated Former or Survivor
 Any one of us or any one of the survivors or the last survivor

Interest Payout Frequency & Standing Instruction

1. Kindly Pay Interest at Monthly / Quarterly / Half Yearly / Yearly intervals by

Credit to SB/CA/CC/OD A/c. No. _____ at _____ Branch

2. I/We authorise bank to Debit My SB / CA Number _____ towards KSD A/c No. _____ at _____ 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 Terms Deposit Account of the Bank have been read by Me/US & that I/we accept them as binding upon me/us.

* Note : If the depositor is illiterate, thumb impression should be attested by two witnesses

Your's Faithfully

1 _____ 1 _____ 1 _____

2 _____ 2 _____ 2 _____

Place :

Date :

Nomination (For Individual / Sole Proprietorship Accounts only)

Nomination Form DA-1

I/We nominate Following named person as my/our nominee after my / our death and is entitled legally to receive the money as per section 45 (ZA) of Banking Regulation Act, 1949, and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985.

(Only one person can be nominated per account)

Name & Address	Age	Date of Birth (In case of Minor)	Relation with Depositor

As the Nominee is minor on this date. I/We appoint Shri./Smt./Miss _____

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 the depositor is illiterate, thumb impression should be attested by two witnesses.

Signature (s) of Depositor (s)

1.

2.

3.

Place : _____

Date : _____

For Bank Use Only - Opening Details

Deposit Date : _____ Rate of Interest : _____

Amount : _____ Maturity Amount : _____ Maturity Date _____

Manager Officer Debit From SB/CA: _____

Voucher No. : _____

For Bank Use Only - Closing Details

A/c Closed On : _____ Rate of Interest : _____

Amount : _____ Interest Amount Paid : _____ Total Amount Paid : _____

Manager Officer Credit to SB/CA: _____

PO/DD : _____ EFT: _____ Voucher No. : _____