DEPOSIT ACCOUNT OPENING FORM (FOR NON-PERSONAL CUSTOMERS ONLY)

				BRAN	ICH	C	USTO	MER ID	(CIF)	NO OF 1S	Γ APPL	LICAN	IT										
DATE	•									AC	COUNT	T NO.											
		D D	М	M	ΥΥ	ΥY	(E	Existing	Custo	mer to fill C	ustome	er ID (CIF	No.) -	A/c	. No.	will	be	give	n by	the E	Branch	า)
		1		-	то в	E FILL	ED IN	BY AU	THOR	ISED SIGN	IATOR	Υ											
				TI	CK A	PPRO	PRIAT	Е ВОХ	WHE	REVER AP	PLICA	BLE											
					FILL	UP T	HE FO	RM IN	CAPIT	AL LETTE	RS ON	ILY											
Dear					Savi	ngs B	ank			Current A/	C		Ter	m De	posi	t					Scl	neme	
		en an ac																					
With	initia	I deposit	of Rs			((Rs)	only	′ .			
1.	Rec	Recurring Deposit A/C be opened forinstalments. Other Term Depositsyear/smonthsdays.																					
	Oth	er Term	Depos	its			yea	ır/s		months_		c	lays.										
	inte	rest Rat	ie @			p.a	а																
2.		rent De																			(Title)	
3.		ings & (Depos	sit A/c	. be o	pened i	in nam	e/s of :		CIF NO											
		e/First A										(Sole / First Applicant's Mentioned Above)											
		usiness Nond App										 											
	Thir	d Applic	ant																				
4.	CO	NSTITU	ΓΙΟΝ	PROP	RIET	ORY	FIRM	P	ARTNI	ERSHIP FI	RM		IVA				P	UBL	IC L	TD.C	CO	OTI	HER
5.	МО	DE OF C	PERA	TIONS	S & O	THER	INST	RUCTIO	ONS :		<u> </u>		DCC)			l						
	(A)	Accoun	t will be	opera	ated b	y & ba	alance	Payabl	e to														
	,	Account will be operated by & balance Payable to																					
		BY SOLE PROP.ONLY BY ANY ONE OF THE PARTNERS							RS	BY KARTA OF HUF BY P/A HOLDER													
		BY ANY TWO DIRECTORS JOINTLY BY SECRETARY &TREASURER JOINTLY ANYOTHER,PL.SPECIFY												Y									
	(B)	Interest																					
		Credit interest of Term Deposit at the frequency applicable in the Scheme to Savings / Cash Credit / overdraft account no with you / withBranch OR by Banker's Cheque / Demand Dra												it no. Draft									
	on												_										
	(C)	Instruct	ion for A	Auto F	?enew	val on	Maturit	ty of De	nosit														
	(0)							ly of DC	•	Renew princ	cipal on	ly Others, please specify											
	(D)	Whethe								without Tax									YES	/ NC)		
		IF YES, ATTACH FORM 15G / 15H / 15H / COPY OF E																					
		(E) Frequency of Statement of A/c Daily (F) Statement of A/c. to be sent BY E-mail							Fortnightly			nthly		4		uarte				Υ	Yearly '		
	(F)	Stateme	ent of A	/C. to I	oe ser	ntibl	E-mail			By Regis	sterea i	ost			B	у со	urier						
6.			R SERV																				
						ices ar	nd agree	e to abid	le by the	e terms and	conditio	ns:											
	(A)	ATM- Cl						.,	1	1				-	-		-	_	-	1	1		
		Sole/1																					
			nd app							rd													
			se menti	on any	other	accou																	
		A/C type	1	1	1	_	Acc	count No). 		- 1	1 1		Name	· · · · · ·	- 1	-1	-	1		-	-1	
	(P)	INTERN	ET DAN	IKING	· Solo	/1 st ann	licant :		VCCCUP+	statement		Balan	LCO E	nauin:				E	nds ⁻	Frans	forc		
	(0)	IIVI ERIN	LI DAN	INING		pplican				statement		Balan				\dashv				ransf			
	(C										Required Not required												
	(D)	MOBILE	DANIZIA	IC EA		/ DEC	אווטרי	<u> </u>	YES	NO]							
	(4)		DWINKII,	NO LYI		K⊑6	くついスピレ		1 L3	INU	1												

	Name of the Nominee*			respect of Bank Deposits. (ONLY FOR PROPRIETARY FIRM)										
	Nominee's Address													
	Nominee's Age	,	Years Relati	ionship with First App	plicant									
	*As the nominee is minor on this date. I / We appoint Shri / Smt.													
	(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.													
3.	DECLARATIONS:													
	WE AFFIRM AND DECLA	RE THAT :												
	WE HAVE READ AND UNDERSTOOD THE RULES AND REGULATION OF THE PRODUCT(S) /SERVICE(S) RELATED TO THIS APPLICATION AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS THEREOF AS ALSO ANY CHANGES BROUGHT ABOVE THERE IN FROM TIME TO TIME.													
	WE SHALL BE BOUND B	Y THE RULE	S, CUSTOMS	S AND NORMS OF	THE BANK.									
	BANK MAY DEBIT MY / OUR ACCOUNT FOR ANY SERVICE CHARGE OR DISCONTINUE MY / OUR ACCOUNT WITHOUT NOTICE TO ME / US.													
	BANK OR ITS AGENT SHALL NOT BE LIABLE FOR ANY LOSS / DAMAGE INCURRED TO ME / US FOR ANY ACTION DONE IN ORDINARY COURSE OF BUSINESS.													
	IN Thi IN THE EVENT OF DEATH OF DEPOSITOR/S PREMATURE TERMINATION OF THE TERM DEPOSIT WOULD BE ALLOWED TO THE NOMINEE OR TO.THE LEGAL HEIR/S OF THE DEPOSITOR/S (IF THERE IS NO NOMINEE) WITHOUT LEVYING ANY PENALTY.													
	THE OPERATIONAL INSTRUCTIONS / MANDATE ONCE EXERCISED WILL REMAIN IN FORCE UNTIL REVOKED / MODIFIED JOINTLY BY ALL.													
	THIS ACCOUNT IS OPENED FOR RUNNING AND PURSUING THE LAWFUL ACTIVITIES.													
	WE SHALL NOT HAVE ANY OBJECTION IF ANY TRANSACTION / RELATED INFORMATION IS APPRAISED TO THE LAW ENFORCEMENT AUTHORITIES													
	WE VERIFY THAT THE FACTS STATED ABOVE AND THE CONTENTS OF THE DECLARATIONS ARE TRUE AND CORRECTO THE BEST OF OUR KNOWLEDGE AND NOTHING HAS BEEN CONCEALED.													
	JRS FAITHFULLY,	NAME				SIGNATURE								
YOU														
	E/FIRST APPLICANT													
SOL	E/FIRST APPLICANT OND APPLICANT													
SOL SEC														
SOL SEC THII	OND APPLICANT													
SOL SEC THII	OND APPLICANT RD APPLICANT	XEMPTION CE	BRTIFICATE	ATTACHED		NOT REQUIRED								
SOL SEC THII	OND APPLICANT RD APPLICANT ACHMENTS	XEMPTION CF	ERTIFICATE	ATTACHED		NOT REQUIRED								

	FOR OFFICE USE: 1) Letter of thanks has been sent to the Customer on and according to the customer on	cknowledgment is received on
b)	Physical identification of the applicant's identity (in case of need) has been(Officer)(Designat	2
c)	e) All details mentioned herein above are verified by me and entered into the	computer system.
DΔ	DATE :	(Signature)
		Name of the Officer:
PL	PLACE:	
	S	Specimen Signature Index No