



# PUNE PEOPLE'S CO-OP. BANK LTD.

H.O. : First Floor, Plot No. 477/478, Market Yard, Gate No. 04, Gultekadi, Pune - 411 037. Mob. : 7066051999 / 7066050999

Branch .....

## DEPOSIT ACCOUNT OPENING FORM

Date	Account No.	Receipt No.	Deposit Amount	Rate of Interest	Maturity Amount	Due Date	Branch Official Initial

A/c No. .... Date : ..... Customer ID No. ....

Email id. .... Mob. No. ....

CKYC No. ....

Risk Category : High  Medium  Low

To,  
**Branch Manager,**

Auto Renewal : Yes  No

I / We wish to open Recurring / Call / Fixed / Re-investment Deposit Scheme for

Rs. .... ( Rs. .... ) For..... months / days

ROI @ .....% p.a. (SENIOR CITIZEN / STAFF / EX-STAFF / ..... (ANY OTHER)

**Name of Depositor**

**Permanent Address with nearby place & pincode**

- 1) .....
- 2) .....
- 3) .....
- 4) .....

● Deposit account will be operated by Individual / Either or Survivor / Former or Survivor / Jointly / Partners / Directors of Co-op. Society & Company/by Mr/Mrs. ....

● Interest on my/our deposit on monthly/quarterly basis to be credited to my / our

SB/CA account no. .... Bank .....

Branch ..... IFSC Code No. ....

● TDS to be deduct - Yes / No - If No, I / We will submit 15 G  / 15 H

● If TDS Deducted debit to my / our ..... A/c No. .... with ..... Branch

● RD Installment debit of Rs. ....to my / our .....

A/c No. .... with .....Branch For ..... months

**NOMINATION DETAILS (FORM DA 1)**

Nomination under Sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

I / We (name) \_\_\_\_\_ (Address) \_\_\_\_\_

Nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by The Pune Peoples Co-op. Bank Ltd. \_\_\_\_\_ Branch.

Name of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	Birth Date

\* As the nominee is a minor on this date, I / We appoint (name) \_\_\_\_\_ (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.

I / We ..... do not want to nominate anybody.

Place : \_\_\_\_\_

Date :

**\*\*Signature(s) # Thumb impression(s) of Depositors**

Signature of witness No. 1 \_\_\_\_\_ Signature of witness No. 2 \_\_\_\_\_

Name(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_ Address(es) \_\_\_\_\_

\*\* Where 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. # Thumb impression shall be attested by two witnesses

Nomination Registration No. \_\_\_\_\_ Date :       Signature of Account Holder \_\_\_\_\_

Adknnowledgment of nomination received on \_\_\_\_\_

**Introduction**

**thumb impression(s)  
Signature(s) of depositor(s)**

1) Name ..... 1) .....

2) Address ..... 2) .....

3) A/c No. .... S.H. No. .... 3) .....

4) Signature ..... 4) .....

(attestation of witness for impression) permitted to open account

Signature .....

Name & address .....

**Account opened & Receipt Issued**

Clerk / Officer

**KYC** : Completed / Not Completed

Branch Manager / Incharge

**Note** : Auto renewal of Short Term Deposit by default to be printed on Fixed Deposit Receipt for same period and prevailing rate of interest. Interest payable subject to **TDS** Deduction.