VATAKARA TOWN CO-OP. URBAN SOCIETY

LTD. No. D. 2822

P.O. VATAKARA-673101, KOZHIKODE DIST.

Ph: 0496-2525866

Date (DD/MM/YYYY)

Please open an account as per details below :

Please tick (✓) type of Account required :

Savings Account/ Current Account ☐

With Cheque Book ☐

Without Cheque Book ☐

Term Deposit (FD) ☐

Rs

Rupees.....

.....

Period.....Months.....

Days.....

Rate of Interest.....

For Office use only

Account No:

Reccurring Deposit Account ☐

Period Months

Monthly Instalment: Rs

Full Name (in Block letters):

Date of Birth (DD/MM/YYYY)

A

B

C

Mode of Operation: Self Only ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ Jointly ☐

Affix Photograph of all persons opening the Account

A B C

Specimen Signature

Name

1

2

3

Name

1

2

3

Name

1

2

3

Address (in block letters)

A

Pin: Tel: Mob:

B

Pin: Tel: Mob:

C

Pin: Tel: Mob:

Name & Signature of Verifying officer

I/We agree to abide by the Societie's rules relating to the conduct of the above Account.

I/we herewith remit Rs.....(Rupees.....

.....only)

and request you to open account as per the above details

Place:

Date:

Signature(s) of Depositor(s)

A B C

Particulars of Indtroduction

A. If the Applicant(s) is/are already a customer of the branch please give Account No.

Account No. Type Since

B. In case of new Applicant(s)

Name & Address of Introducer.....

.....

Introducer's Account No. Type Since

I Certify that I have known Mr/Mrs/Miss.....for the last.....months/years and confirm his/her address stated in this application form.

Signature of introducer

Signature of Verfying officer

NOMINATION FORM DA-1

(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies(nomination) Rules, 1985 inrespect of Bank Deposits.

I/We.....

(Name(s) and Address) 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 Vatakara Town Co-operative Urban Society Ltd No D. 2822**

DEPOSIT

Nature .....

Distinguising No:.....

NOMINEE

Name .....

Address: .....

.....

Relationship with depositor, if any .....

Age .....

If nominee is a minor- Date of birth

As the nominee is a monor, on this date, I / We appoint Sri /Smt.....

.....

(Name, address and age) to receive the amount of 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) of Depositor(s)

A B C

Witnesses

Name.....

Signature.....

Address .....

.....

Name.....

Signature.....

Address .....

.....

* Thumb impression(s) shall be attested by two witnesses.

** 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

For Office Use

1. Nomination accepted and registered vide registration No.....Dt.....

2. Rs.....recieved as per Rt no.....dt.....

Branch

Date:

For Vatakara Town Co-operative Urban Society Ltd

Signature of verifying Officer