



Thane Bharat Sahakari Bank Ltd.

Scheduled Bank

Regd. Office : Shatataraka, Baji Prabhu Deshpande Marg, Naupada, Thane - 400 602.

Web site : www.thanebharatbank.com

BRANCH : _____

DATE : ____ / ____ / ____

TERM DEPOSIT ACCOUNT OPENING FORM

Customer ID: [] [] [] [] [] [] [] [] [] [] A/c. No. [] [] [] [] [] [] [] [] [] []

Standing Inst. No. [] [] [] [] [] [] [] [] [] []

Are you shareholder of Bank Yes/No if yes Membership No. [] [] [] [] [] [] [] [] [] []

I / we request you to open My / Our Deposit Multiplier Scheme / Term/Recurring Deposit a/c in your Bank with Rs. _____ (in words)

For ____ days/months/years interest rate @ ____ % p.a. and request you to accept further deposit in this A/c from time to time. In the event of death of the depositor(s), Premature termination of term deposit(s) would be allowed.

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

Surname	First Name	Middle Name	Male / Female Third Gender
1. _____			M / F / T
2. _____			M / F / T
3. _____			M / F / T
4. _____			M / F / T

Date of Birth (in case of minor) DD [] [] MM [] [] YY [] [] [] []

(Photo)
Sign across the Photograph

(Photo)
Sign across the Photograph

(Photo)
Sign across the Photograph

(Photo)
Sign across the Photograph

Specimen Signature (Please sign in Black Ink)

1. _____

2. _____

3. _____

4. _____

Operational Instruction

1. Either or survivor 2. Jointly or survivor 3. Former or survivor 4. Any one of us or any one of the survivors or the last survivor. 5. Other (Please Specify) _____

• If you are existing customer please directly to standing instructions

Customer Details

Date of Birth : DD [] [] MM [] [] YY [] [] [] []

Religion / Nationality : _____ Qualification : _____

Marital Status : Married / Unmarried Children : _____

Occupation : _____ No. of years in service : _____

Employers Name : _____

Employee No. : _____ Designation : _____

Annual Income : _____ PAN / GIR No.: _____

Passport No. : _____ Expiry Date of Passport : ____ / ____ / ____

Previous Banker : _____ A/c. No. : _____

Residence : Owned / Rental

Flat No. and Name of the Society : _____

Road No. / Name : _____ Area / Locality : _____

City : _____ PIN : _____

Tel. No. : (R) _____ (O) _____

E-mail ID : _____ Mobile No. : _____

Fax No. : _____

Standing Instruction

- 1) Kindly pay interest at Monthly/Quarterly/Half Yearly / Yearly intervals by
 Credit to SB/CD/CC/OD/Loan A/c No. _____ at _____ Branch
 Pay Order
- 2) Kindly debit monthly RD installment of Rs. _____ to my/our SB/CD/CC/OD/Loan A/c _____ Branch _____
- 3) Maturity Instruction - Payment of deposit on maturity by transfer to SB/CD/CC/OD/Loan A/c. No. _____ with _____ 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 Term Deposit Account of the Bank have been read by ME/US and that I/WE accept them as binding upon ME/Us.
- c) In the event of death of any of the joint depositor/s, prior to maturity of the deposit, we authorize the Bank at the written request of the surviving depositor/s, signed by all the survivor/s depositor/s 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. (Applicable only in case of Joint Term Deposit account having repayment instructions as Either or Survivor/Anyone or Survivor/Former or Survivor).
- d) **The Bank may intimate on due Date for renewal of deposit Yes / No (It is not obligatory on the part of Bank.)**

*Note : If depositor is an illiterate, thumb impression shall be attested by two witnesses.

Your Faithfully,

1 _____ 2 _____
3 _____ 4 _____

Introduction by an Existing Account Holder

Mr. / Ms. _____

SD/CD/CC/OD A/c. No: _____ Branch _____ Tele. No. : _____

I know the customer for a period of _____ months / years and confirm his/her address.

Date Signature of Introudcer : _____

Signature verified by : Name _____

Signature : _____

Nomination

I/We nominate following named person as my/our nominee after my/our death and is entitled legally to received the money as per Section 45 (ZA) of Banking Regulation Act. 1949 and U/S 56 of Co-operative Societies, 1985 Rule 2 (1) (Only one person can be nominated per account)

Name & Address	Age	Date of Birth (if minor)	Relation with Depositor

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

_____ 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 depositor is an illiterate, thumb impression shall be attested by two witnesses.

Signature(s) of Depositor(s)

Signature(s) of Witness(es)

1. _____ 1. _____
2. _____
3. _____ 2. _____
4. _____

FOR BANK USE ONLY

A/c. Opened on: _____ / _____ / _____ Signatue of Clerk :

Approved

Signature of Supervisor Office : _____

Sr. Officer / Manager _____

*In case of new customer proof of identity and documents to be obtained as per Saving/Current Account opening form.