



DHARMADAM SERVICE CO-OP: BANK LTD.

No. 1379, H.O Palayad, Ph:0490 2346217

PHOTO

APPLICATION FORM OF DEPOSIT

To
The Branch Manager
Dharmadam Service Co-Op Bank Ltd. No. 1379

Customer ID																				
Member No.	A	C	D																	
A/c. No.																				

.....Branch
(please fill up in BLOCK letters only)

I/We request you to open an operative account in my/our name/Firm name as under

Nature of Account : ☐ Saving Bank/Current Account ☐ Fixed Deposit ☐ Recurring Deposit

Mode of Operation: ☐ Self only ☐ Jointly ☐ Either or Survivor ☐ Former or Survivor ☐ Others.....

Number of Account Operators (If two or more operators please fill in the additional form):

Applicant Name& Address: Mr./Mis/Mrs/M/S

.....
.....

FIXED DEPOSIT

Amount: ₹.....(in words).....

.....Period..... Year/Months/ Days at.....% per annum

Monthly/Quarterly/half yearly interest transfer to A/C No.

Maturity Instruction: ☐ Auto renewal Principal only / Principal with interest for Year/Months/ Days

RECURRING DEPOSIT

Amount : ₹.....(in words).....

.....Period..... Years/Months/ Days at.....% per annum

☐ Standing instructions(if any) instalment debit account No:

SMS ALERTS: ☐ SMS Alerts to be enabled on this No:

Cheque book: Yes/No Statement frequency: ☐ monthly ☐ Quarterly ☐ Half- yearly ☐ Yearly
(for savings bank account)

NOMINATION FORM (ONLY ONE NOMINEE PERMITTED)

I/Wenominate 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 Dharmadam Service Co-operative Bank.

Details of Nominee

[illegible]

Relationship with the depositor:.....Age:.....Date of birth of nominee if he/she is a minor.....

Address.....

PO.....PIN.....State.....

As the nominee is a minor on this date I/We appoint Shri/Smt./.....age:.....

Address:.....

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.

Date

Place _____ Signature(s)/Thumb impression(s) of depositor(s) _____

DECLARATION

I/We have read and understood the Rules of the deposit scheme and agree to comply with and be bound by Bank/s rules in force and any amendments thereto from time to time. I / We authorize the Bank to verify the details given herein through any third party as necessary.

Date

Place _____ Signature(s)/Thumb impression(s) of depositor(s) _____

Certified that the implications and conditions for the operation of the account have been explained to the depositer
(only in case of illiterate applicant)

SPECIMEN SIGNATURE	
1.	
2.	
3.	

Date:

Authorised Signatory