



# Konark Bank

THE KONARK URBAN CO-OP. BANK LTD.  
Common Man's Bank

\_\_\_\_\_ Branch

Date : \_\_\_\_\_ 200

## ACCOUNT OPENING FORM FOR TERM DEPOSIT

- |   |   |
|---|---|
| <input type="checkbox"/> Short Terms Deposit          | <input type="checkbox"/> Kamdhenu Deposit                       |
| <input type="checkbox"/> Monthly Income Certificate   | <input type="checkbox"/> Recurring Deposit / Cumulative Deposit |
| <input type="checkbox"/> Quarterly Income Certificate |   |

Please receive the sum of Rupees ..... Rs. ....  
tendered herewith as deposits / first Monthly instalment and open a ..... account in the following name/s:

Name (s) in full .....  
 .....  
 Occupation .....  
 Address (es) .....

and issue a Deposit Receipt / Pass book under clause : (Please Tick)

The A/c will be operated as under:-

- (1) Sign By                      (2) Either or Survivor    (3) Former or Survivor    (4) Jointly            (5) Any one

Scheme / Period of Deposit ..... Months / years / .....

Rate of interest ..... Maturity Value Rs. ....

I/We have read the rules and I/We am/are bound by them. We agree that the clause "repayable to Either or Survivor or Survivors/Survivor includes the right to the survivors, " to apply before the date of Maturity for repayment or for credit facilities against the security of the deposit and/or addition/deletion/substitution of names in the deposit subject to acceptance by the Bank at its absolute discretion. We agree that the clause repayable o Former or Survivor includes the right to the Former apply before the date of maturity for repayment or for credit facilities against the security of the deposit or change the second named person without the later's consent. Dully filled in Nomination form is enclosed for this deposits (Existing nomination would continue for renewed deposits)

**NON REQUIREMENT OF NOMINATION**  
 Nomination is not required for this deposit.

1. ....  
 2. ....  
 3. ....

Yours faithfully,

1. ....  
 2. ....  
 3. ....

### Specimen Signature

1. ....  
 2. ....  
 3. ....

will sign as .....  
 will sign as .....  
 will sign as .....

The occupation and address of the depositors (s) is conformed

Signature verified  
Account may be opened.

Introducer's Signature

Manager

Ledger Folio No. [ ] [ ]

Receipt Account No. [ ] [ ] [ ] [ ] [ ] [ ]

IN THE CASE OF  
FIXED DEPOSIT, interest payable every month / quarterly / half-yearly may be credited to

my/our Saving / Current / RD a/c No

KAMDHENU DEPOSIT. interest earned every quarter shall be reinvested in the account until maturity date

RECURRING DEPOSIT / debit my / our Saving/Current A/c. No. ....with your

₹. ....every month and credits My / our R D A/c

Deposit Account No. ....towards periodical instalments.

Date :

Signature

**Applicable in case of Minor Accounts**

I / We hereby declare that the Minor .....(Name of the Minor) is my  
our .....(relationship) and I/We am/are his/her natural and lawful guardian/guardian  
appointed in terms of Court's order dated .....(copy enclosed).I/We shall represent the said minor  
in all future transactions of any description in respect to the above deposit account until the said minor attains majority.  
I/We hereby certify that .....Minor was born on .....200 / 200 .....

Date :

Name of the Guardian (in Block Letters):

Signature of the Guardian

**Applicable in case of Staff Account**

I/We hereby declare that the money/monies deposited or which may from time to time be deposited hereafter into above  
mentioned account standing in my/our menas belongs to me.

Date :

Signature

**NOMINATION FORM - D A1**

I/We

(Names and address) nominee the following person to whom in the event of my/our/minor's death the amount of the Term  
Deposits (s) furnished below may be returned by the Konark urban Co-op. Bank \_\_\_\_\_  
branch (Name of the branch where account is held)

Name and address	Relationship with depositor, if any	Age	If nominee is a major his/her date of birth

Deposit Particulars :

Type of Deposit	Account No./Receipt No.	Date	Amount	Maturity Date

As the nominee is a minor on this date. I/We appoint \_\_\_\_\_  
\_\_\_\_\_(Name, address and age) to receive the amount in the account on behalf of the nominee in the  
event of / our / minor/s death, during the minority of the nominee.

Place :

Date :

Name (s)

Signature (s) and

Address(es) of witness(es)

Signature(s) Thumb

Impression(s) of Depositor(s)

\* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on  
behalf on the minor.

\*\* Strike if nominee is not a minor.

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

Nomination accepted and registered vide

For The Konark Urban Co-operative Bank Ltd.

Regd. No. \_\_\_\_\_ Date \_\_\_\_\_

Asst. Manager / Manager