



THE GUNTUR CO-OPERATIVE URBAN BANK LIMITED, GUNTUR

A.O. : 3/2 Brodipet, GUNTUR-2.

CLF No. : _____
(For Individuals and Joint Applicants)

(Please tick (✓) in the appropriate box)

Branch _____

Application Form for opening of a Term Deposit Account

Account No : (For Bank Use)

Aadhar No.

Please open the Type of Account indicated with a tick (✓) in the following table

Type of Term Deposit Account	FD <input type="checkbox"/> / RID <input type="checkbox"/> / RD <input type="checkbox"/>	ROI
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Deposit Amount and Period (As applicable to schemes)	₹	Per Month for _____ Months for Recurring Deposit
		For _____ Days/ _____ Months/ _____ Years for other Deposits

Name(s) of the Applicant(s) in full and in capital letters

1 Sole / First Applicant

Date of birth (DD-MM-YY) _____ Customer ID (For Bank's use) _____

If Pan is available (Enclose copy of PAN) PAN No. _____ If PAN not available (Submit Form 60 or 61) Form 60 / Form 61 Enclosed in duplicate

2 Second Applicant

Date of birth (DD-MM-YY) _____ Customer ID (For Bank's use) _____

If Pan is available (Enclose copy of PAN) PAN No. _____ If PAN not available (Submit Form 60 or 61) Form 60 / Form 61 Enclosed in duplicate

3 Third Applicant

Date of birth (DD-MM-YY) _____ Customer ID (For Bank's use) _____

If Pan is available (Enclose copy of PAN) PAN No. _____ If PAN not available (Submit Form 60 or 61) Form 60 / Form 61 Enclosed in duplicate

Repayable Single , Either or Survivor , Former or Survivor , Latter or Survivor , Any one of Survivor , Jointly , Any other combination (Specify) _____

If not repayable Singly (For Joint Accounts only) The Bank May, on receipt of a written application from either / any one or survivor(s) of us, at its discretion and subject to such terms and conditions as the bank may stipulate - (a) Grant a loan / overdraft against the security of the Term Deposit or (b) Make premature payment of the proceeds of the deposit to either or any one of us or survivor(s) at any time during the period of the deposit.

Account of Minor Amount Deposited by Father , Mother , Any other (Specify) _____

Repayable To the Minor on attaining Majority : Cust ID _____ To the Guardian : Cust ID _____

Pay interest in Monthly , Quarterly , Intervals _____

Credit to my / A/c : No _____ with your branch at _____

Mobile No. _____

Address for Communication Present Address : _____ Permanent Address : _____

Nomination Facility Required Not Required Submit Form DA1 if Nomination is required (P.T.O.)

TDS At Normal Rate From 15G / 15H / Exemption Certificate is enclosed ***

Auto Renewal Required No Required

(Applicant(s) and Guardian should submit Personal Data Form along with this Application form if he / she is not an existing customer)

"As per the bank's cheque collection Policy no fresh cheque book would be issued if cheques (irrespective of the amount) are dishonoured on 6 occasions during a financial year for want of sufficient funds in the account"

Irrespective of my / our option for Auto Renewal of the deposit, unless you receive demand for payment or instructions to the contrary on or before the date of maturity of the deposit (Other than Recurring Deposit), please renew / continue to renew the deposit together with interest, if any due thereon, for similar period at the prevailing rate of interest. I/We hereby declare that the information give above is true and correct to the best of my / our knowledge. I / We further declare that I/We accept the Terms and Conditions of the deposit scheme, Which are provided to me / us. I / We agree that the Terms and Conditions may be modified by the bank from time to time, which will be binding on me / us for conduct of the account.

Place :(1) (2) (3)

Date : [Signature(s) / Thumb Impression(s) of the Applicant (s)]

(Verification) Application is filled in completely and is verified. Signature(s)/ Thumb Impression (s) is / are affixed in my presence Signature of Officer / Dy.Manager / Manager

Note : * * To avail exemption / concession form TDS annually, Form 15G/ 15H/ Exemption Certificate should be submitted afresh at the beginning of each Financial Year.



THE GUNTUR CO-OPERATIVE URBAN BANK LIMITED, GUNTUR

(For Individuals only)

A.O. : 3/2 Brodipet, GUNTUR-2.

_____ Branch

NOMINATION FORM : DA-1

Nomination Registration No.					Signature of officer registering the Nomination
Date of Registration :					
For the Account	A / Type	Sub Type	A/c Type		

Note : This Nomination Form can be used for all types of Deposit Accounts.

- i. Only one person can be appointed as the nominee.
 - ii. Where a 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.
 - iii. If the applicant / guardian is illiterate, his / her thumb impression shall be attested by two witnesses.
 - iv. Tick in a box given against 1 or 2 below. If 2 is selected, fill in the Form completely.
1. Nomination is not required.
2. I nominate the following person to whom, in the event of my / minor's death the amount of Deposit Type : _____ Sub Type : _____ and Account No. : _____ be returned.

Name and Address of the Nominee											Age (years)	Relationship with the depositor(s) if any	Date of birth of the nominee (if he is a minor)
Name in full and in capital letters													
Address													

3. As the nominee is a minor on this date, I appoint the following person to receive the deposit amount on behalf of the nominee in the event in the event of my / minor's death during the minority of the nominee.
- Name : _____ Age _____ Years.
- Address : _____
- *4. Name of the Nominee may be written in the Acknowledgement to this Nomination Form.
(* Strike out, if name of the Nominee need not be noted on the Acknowledgement)

Witnesses :

1. Signature :
- Name :
- Address :
2. Signature :
- Name :
- Address :

Place :

Date :

(Signature of the Applicant(s))