



ACCOUNT OPENING FORM
(For Savings & Term Deposits Only)

Branch : _____

Date :

Product Code No.

Account No.

CUSTOMER NO.

Type of Deposit : _____ Period : Years _____ Days _____ Months _____ Rate of Interest _____ % p. a.

Interest : Monthly / Quarterly / Half yearly / Yearly _____

Rs.

Rs. (In Words) _____

NAME(S) AND ADDRESS/ES OF DEPOSITOR(S) IN FULL :

1) _____ Address : _____

2) _____ Address : _____

3) _____ Address : _____

4) _____ Address : _____

Account Operation by : Single / Jointly / Either or Survivor / Former or Survivor / Any Specific _____

Interest on Deposit to be credited to SB/CA/LN a/c. No. _____ or Cash/Payslip. If payslip give details-

Bank & Branch Name : _____ A/c. No. _____

Address _____

* About TDS : Deduct/ 15G/ 15H / Membership No. PAN

* Instructions for deduction of R. D. installment : Debit SB/CA/CC A/c. No. _____ Rs. _____ for _____ months.

I/We wish to open a Deposit A/c with your Bank. I/We have read and understood the rules governing said Deposit Scheme and agree to be bound by the said rules as amended from time to time.

DECLARATION

I / We hereby authorise the Bank to automatically renew the deposit with/without accrued interest for the same period on the maturity date at prevailing rate of interest, unless otherwise informed by me/us in writing before the maturity of the deposit. I/We have read the rules of the scheme and agree to be bound by the said rules as amended from time to time.

Customer No.

Account operational instructions _____

Photo	Photo	Photo	Photo

Specimen signature
First Holder

Specimen signature
Second Holder

Specimen signature
Third Holder

Specimen signature
Fourth Holder

L. H. Thumb Impression of Mr. / Mrs _____

Thumb Impression attested by _____

