

**SHREE MAHAVIR SAAKARI
BANK LTD. JALGAON**
92, Navi Peth, Jalgaon - 425001
Ph.0257- 2232490, 2229890

DEPOSIT
Account Opening Form

BRANCH : _____

DATE: _____ / _____

Customer No. _____ Standing Inst. No. _____ A/c No. _____

I/We wish to deposit in your Bank in Cash Certificate/Fixed/Recurring Deposit Rs. _____ (in words) _____
For _____ days/months/years interest rate @ _____ % p.a.

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

Surname _____ **First Name** _____ **Middle Name** _____

1 _____
2 _____
3 _____
4 _____

(Photo)

Date of Birth (In case of minor) DD MM YY

(Photo)

Specimen Signature (Please sign in Black Ink)

(1) _____	(3) _____
(2) _____	(4) _____
_____	_____

(Photo)

Operational Instruction

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

(Photo)

* If you are existing customer please move directly to standing instructions

Customer Details

(To be filled by Joint A/c. holder separately)

Date of Birth : DD MM YY

Religion : _____ Caste : _____

Marital Status : **Single / Married / Unmarried** Children : _____

Gender : **Male / Female**

Occupation : **Salaried / Business / Retired / Student / Housewife / Self Employed / Other**

Details : _____

Employee No. : _____ Designation: _____

Annual Income : _____ PAN/GIR No. _____

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

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

Membership if any : _____

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.: _____

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.
 Cash Pay Order
- 2) Kindly debit monthly RD installment of Rs. _____ to my/our
SB/CD/CC/OD/ A/c. _____ 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.

• Note : If the depositor is illiterate, thumb impression should be attested by two witness.

Yours Faithfully,	Name, Address of Witness	Signature of Witness
1. _____	1) _____	1 _____
2. _____	_____	_____
3. _____	2) _____	_____
4. _____	_____	2 _____

Introduction by an existing Account Holder

Mr. / Ms. _____
Surname _____ First Name _____ Middle Name _____
SB/CD/CC/OD/Loan A/c. No.: _____ Branch _____ Ph. No. _____
I know the customer for a period of _____ months/years and confirm his/her address.
Date Signature of Introducer: _____

Signature verified by

Name : _____ Employee Code : _____
Designation : _____ Signature: _____

Nomination

Nomination : Required Not Required
I/We nominate following named person as my/our nominee after my/our death and is entitled legally to receive 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./Miss _____
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 the depositor is illiterate, thumb impression should be attested by two witnesses.

Signature (s) of Depositor (s)	Signature (s) of Witness (es)
1. _____	1. _____
2. _____	_____
3. _____	2. _____
4. _____	_____

FOR BANK'S USE ONLY

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

Signature

Signature of Sr. Clerk /Officer

Manager