BRANCH For Office Use

ACCOUNT OPENING FORM FOR TERM DEPOSIT ACCOUNT

For FD / Centenary Deposit / Bala Vikas Deposit / Recurring Deposit (to be filled by Applicant only)

Please fill the form preferably in `Black' ink only Please fill the form in CAPITAL LETTERS only

Please tick the appropriate boxes

Please write your NAME as it appears in all your support documents

Affix latest passport size photograph/s in the box provided

Specify the addresses along with City, State & Pin Code

Please countersign in full for any overwriting / alteration

Scroll No.	Trf.from A/c No.	
Account No.	Receipt No.	
Deposit Date	Maturity Date	
Deposit Amt.	Maturity Amt.	
Period	Rate of Int.	% p.a.

Field marked * are I	MANDA	ATORY					'		'		'	
I/We request you	to on	en (tick [√] v	whiche	ver is applica	able) accoun	nt in my/our	name(s) as p	er details giv	en belov	w:		
[] Fixed Deposit						Vikas Depos		urring Depos				
[] Fixed Deposit	ιj	BRCB Center	ial y De	posit [J DKCD Dala	vikas Depos	it [] Nec	urring Depos	it			
FULL NAME OF A	PPLICA	ANT/S (Menti	ion nam	es of individua	als)		*	*Submit Form-	60 / Forn	n-61 in the	e absence of	PAN No.
	TITLE			NAME			DATE OF BI		STOMER		PAN I	
AFFLICAIVI	IIILL			IVAIVIL			DATE OF BI	KIII CO	3 I OIVILI	וו	FANI	10.
1 st Applicant												
2 nd Applicant												
3 rd Applicant												
# If Senior Citizen, p	rovide	Proof of Age.	If Mino	r, provide Pro	of of Age and	l please fill up	declaration giv	ven in Page No	.2			
PRESENT ADDRES	SS DET	AILS (* Please	e provid	e complete ac	ddress for fast	ter deliveries)						
Address			1 st	Applicant			2 nd Applican	nt		3rd	d Applicant	
Residential / Peri	maner	nt										
Communication A	Addres	ss										
Phone/Mobile No	0.					E-mail ID						
MODE OF OPERA Self 1st Applicant Mandate Holde DEPOSIT DETAILS	Ei 2 ^r er (Nan	ther or Survi d Applicant ne)		3 rd /	mer or Survi Applicant		Jointly or S Any one of Mandate Leti	us			Guardian pecify)	
DEFOSIT DETAILS	<u>, </u>										-	
Deposit Amount	Rs.				Rupees							
Period		Days N		Month(s)		Year(s) Rate of Intere			rest % p.a			
For RECURRING D	SEDOS	IT		I		·		I				
Monthly Installm		Rs.		Rupees						Period		Months
Standing Instruct	tion,	Debit A/c No.				On matur proce	• .	Account	No.			
INTEREST PAYME Monthly (at disa By Cash	counte By	ed rate) y Credit to ac	ccount			n you	Annually		Maturit	y		
By issuing Pay-0 By NEFT to Bar								IFSC (Code			
MATURITY INSTR Auto Renew*Pr Due Notice on r	rincipa maturi	l Auto	Renev be sent	v*Principal + : to me/us	Interest Send	Auto Re SMS Alert or	new* Rs			 il on mat	urity	
Following docum	ents /	certified co	pies are	e submitted	by me / us:							

Certificate of Incorporation

Joint Family Letter

Letter of Proprietorship

Trust Deed

Full Name of Guardian I/We hereby declare that the da and lawful guardian / guardian a future transactions of any descr the above minor for any withdra Date: I/We confirm having received, r these rules which governs the ac those relating to various services form. The usage of these facilities	te of birth of the appointed by counting the above wal / transactions ead and understo count(s) which I/V availed by me / us is governed by	minor who rt order dat re account i made by m od (1) the a We am/are us and those the terms a	o is my	./(copy en innor attains majority. ccount. nd hereby agree to be bopen and (b) amendmentious services offered by stipulated by the Bank fr	//	present the said minor in a he Bank against the claim of Guardian & conditions outlined in the from time to time and er facilities listed in this
the Bank in writing of any change Yours faithfully,	e in my/our addre	ss / mode d	or operation etc	,		
1 st Applicant		2 ⁿ	d Applicant		3 rd Applica	nt
NOMINATION DETAILS (FORM D	C	perative Ban	ks (Nomination)	Rule 1985, in respect of Ba	nk deposits.	ct, 1949 and Rule 2(1) of the Co
	nominat	te the follow	ving person to	who in the event of my	/ our / minor's de	ath the amount of deposit i
the above account, may be retur	ned by The Bhava	sara Kshatr		ve Bank Limited, Relationship with		Branch. ominee is a minor,
Nature of Deposit & No.	Name & Addres	s of Nomin	66	Depositor, if any	Age	/her date of birth
As the nominee is a minor on tyears (Address) the amount of the deposit on be (ii) I / We the undersigned do not Place:	half of the nomin	ee in the ev	ent of my / ou	r / minor's death during	the minority of the	to receiv
Date:				**Signature	e(s) / Thumb impre	ssion(s)# of Depositor(s)
Signature of Witness No.1			Sig	nature of Witness No.2		
Name(s)& Address	ne(s)& Address Name(s) & Address		me(s) & Address			
** Where deposit is made in the name of #Thumb impression shall be attested by t		on should be sig	gned by a person la	wfully entitled to act on behal	f of the minor.	
Nomination Registration No.			Signature of	Account Holder		
Date			Acknowledge	ement of nomination re	eceived on	
FOR OFFICE USE:	12		_			
Whether Nomination Registered	[].65	[] No	If Yes, Nomir	nation Regn.No.		
If No, reason for non-registratio			Full Name		Full die	and the state of t
Application Data entered by	Staff No.		ruii Nam	e of Staff	Full sig	nature of Staff
Application Data entered by Application Data checked by						
Application Form sent from Brai	nch to Scanning			Application Form rece Branch for Scanning o		
Photograph & Signature Scanne	d on			Photograph & Signatu		
Application Form sent back to B				Application Form rece		

Registration Certificate

Board Resolution

Partnership Letter

Partnership Deed

Bye-Laws

Memorandum & Articles of Association

Certificate of ROC for commencement of business