



# Annapurna Mahila Co-Operative Credit Soc.Ltd.

## Fixed Deposit Account Opening Form



Branch No:-.....  
Account No:-.....

Form No.....  
Date:-.....

### Please open an account as per details given below

1. Applicant's Name:-Mr./Mrs./Ms.....

Birth Date ..... PAN No..... Mob. No ..... Email ID .....

Address :- .....

2. Jt. Applicant's Name:-Mr./Mrs./Ms.....

Birth Date ..... PAN No..... Mob. No ..... Email ID .....

3. Jt. Applicant's Name:- Mr./Mrs./Ms.....

Birth Date ..... PAN No..... Mob. No ..... Email ID .....

**Account Operation :-**  single  Joint  Either or Survivor  Former or Survivor  
 Minor by Guardian  Other (Please Specify) .....

### Deposit Details

F.D. Deposit Rs:- ..... In Words :-.....

F.D. Duration :- ..... 6-Months  1-Year  2-Year  3-Year  Rate of Interest :-.....

Senior Citizen will be paid at the rate of Interest :-.....ID No.....

**Mode of Payment:** - Cash  Transfer  Cheque/RTGS  Cheque / RTGS No .....Date...../...../.....

**Interest:** - Monthly  Quarterly  Interest Payment on Maturity

### Standing Instructions for crediting interest through ECS

Bank Name..... Branch:-.....

Branch IFSC Code No..... Savings/ Current A/c No.....

Auto Renewal :- Yes  No.  ( Auto Renewal) .....

Credit Soc. Shares Rs.:- ..... F.D. & Shares total amount Rs:- .....

Member/Nominal Member Of Credit Soc. :- Yes  No  Deduct TDS: - Yes  No.

Member/Nominal Member No.....

Operative Account Number In Case TDS is to be deducted from Operative Account.....

### Signature of Applicant

1

2

3

Please Create the Cheque by the name of :- **IOB A/C Annapurna Mahila Co-Op Credit Society Ltd.**

I/We have read and understood the Annapurna Mahila Credit Co –Op. Society's Terms and Conditions. I/We accept and agree to be bound by the said terms and conditions including those excluding limiting your liability. I/We agree that the Annapurna Mahila Credit Co -Op . Society's may debit my/our account for service charges as applicable from time to time.

### For Office Use Only

**Allowed to open Account.** I confirm that the above information of the applicant is as per his/her existing Customer ID No.....I confirm that this applicant is not having Customer ID in the system till date.

**Entered on:-** Name.....  
Designation.....  
Ticket No.....Sign.....

**Verified on:-** Name.....  
Designation.....  
Ticket No.....Sign.....

**If Applicant is Minor (Details)**

(Minors Birth Certificate is Mandatory)

Date Of Birth .....

Guardian's Name:- .....

Guardian's Relation:- .....

Guardian's Address:- .....

Mob. No.:-..... Email ID:-.....

**Declaration by Guardian in case of Minor applicant**

I hereby declare that the date of birth of minor who is my ..... is true and correct and I am his/her natural guardian/legal guardian appointed by the court order (copy enclosed). I shall represent the said minor in all future transactions of any description in the above until the said minor attains majority. I indemnify the Annapurna Mahila Co-Op Credit Society Ltd. against the claim of above minor for any withdrawal/Transaction made by me in his /her accounts.

Guardian's signature :

**Form no 60 (In Absence of Pan card )**

Form of Declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114 B.

- 1) Full Name of Declarant :- \_\_\_\_\_  
Address :- \_\_\_\_\_
- 2) Particulars of Transactions :- \_\_\_\_\_
- 3) Amount of Transactions :- \_\_\_\_\_
- 4) Are you assessed to tax :Yes  No
- 5) If yes,
  - i) Details of Ward/Circle/Range where the last return of income was filed-----
  - ii) Reason for not having permanent account number? -----
- 6) Details of the document being produced in support of address in column 1-----

**Verification (Form 60 only)**

I,-----,do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the -----day of -----,

Date :- -----

Place :- -----

Signature of Declarant

**NOMINATION FORM-D.A-1**

Nomination under section 45 ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank Deposits.

I/We [(Name(S) & address (es))] \_\_\_\_\_

Nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars where of are given below, may be returned by the Annapurna Mahila Co-Op Credit Society Ltd. \_\_\_\_\_ Branch (Name & address of branch/office where deposit is held).

Sr. No.	Name & Address of Nominee	Relationship with the Depositor, if any	Age of the nominee	If Nominee is a minor his Date of Birth

As the nominee is a minor on this date, I/We appoint Mr / Mrs /Ms. (Name ,address & age \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Signature :- 1] \_\_\_\_\_ 2] \_\_\_\_\_ 3] \_\_\_\_\_

Witness :- Two witnesses are necessary for nomination only where the . 1) Depositor is illiterate/minor 2) Nominee is minor

**Witness :- 1)**

1) Signature -----  
Name-----  
Address-----

**Witness :- 2)**

2) Signature -----  
Name-----  
Address-----

**(Documents required for FD - ID Proof, PAN Card, Residential Proof)**