



DHAKURIA CO-OPERATIVE BANK LTD.

68, Tanupukur Road, Dhakuria,
Kolkata - 700 031

Fixed Deposit / Cash Certificate

A/c. Opening Form

DCB / F.D. / C.C. / 3000/07/2018

Account No. :

Date :

Dear Sir,

Please receive the sum of Rs. (Rupees

.....) on Fixed Deposit / Cash Certificate for day/s months bearing

Interest at the rate of% per annum and issue a Certificate in favour of the following name / s.

NAME IN BLOCK LETTERS(State Mr./ Mrs/Miss)	ADDRESS & TELEPHONE NO.	OCCUPATION

Father's Name.....

Mother's Name.....

Spouse Name.....

NationalityDate of Birth..... Senior Citizen.....Y ☐..... N ☐

Permanent Address.....

Member No. PAN No.

I / We hereby declare that Bank's Fixed Deposit/ Cash certificate Rules have been read by / to be / us and I / We accept them as binding upon me / us.

The Maturity value of the certificate / The principal amount of deposit and interest thereon are to be held at my disposal / at the disposal of (i) either of us or survivor (ii) both of us jointly or to the survivor of us (iii) any..... of us or any of the survivors of us or to the last survivor of us (iv) all of us jointly or the survivors of us jointly or to the last survivors of us until you receive instructions to the contrary from either / any one of us.

Please allow interest atintervals and arrange to credit to Savings Bank Account No. with you, or pay by Cash.

Yours faithfully,

INTRODUCTORY REFERENCE

I hereby introduce to the Bank, for the purpose of opening of account, the above applicant(s) who is/are known to me personally

(Full Signature)

Signature of Introducer Member No. / S.B. A/c. No.

NAME	SPECIMEN SIGNATURE	FOR OFFICE USE
		SIGNATURE VERIFIED

FOR OFFICE USE ONLY

Opening Cash / Transfer from SB/ CA / A/c No.

Cheque No. dt. on Branch

Member / Non-Member Receipt No. Maturity Value Rs.

Date of Maturity..... Rate of Interest Mode of Interest Payment : Cash. Transfer

to S.B. A/c No. Repayable to Nominee Record No.

Open Account

Ledger headings authenticated

Account Opened

Manager

Authorised Signatory

Ledger Keeper

I

(Name & Address.Age)

We 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 DHAKURIA CO-OPEARATIVE BANK LTD., KOLKATA.

Deposits			Nominee				
Nature of	Distinguishing No.	Additional details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is a minor his/her date of birth

2. As the nominee is a minor on this date, I / we appoint Shri / Smt. / Kum.

(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.

Place :

Date :

* Signature(s) / Thump Impression(s) of Depositor(s)

Name(s) Signature(s) and
address(es) of witness(es)

* Strike out if nominee is not minor.

** Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

☐ Thump impression(s) shall be attested by two witnesses.

RECEIVED THE CERTIFICATE

Sign & Date.....