

To,
The Manager,
ABHYUDAYA CO-OPERATIVE BANK LTD.

Branch :

Customer Id Number	
Group Customer Id Number	
Type of Account	
Account Number	

Dear Sir / Madam,

Date _____

Please open Term Deposit Account of type _____ for _____ Days/Months with Interest @ _____ % in my / our name/s for the credit of which I/We deposit with you Rs. _____ by Cash/by Cheque. I/We agree to comply with and be bound by Bank's rules for the time being in force for the conduct of above account. I/We am/are aware that in case of MID Scheme, the interest will be paid to me/us at discounted rate. :

1) Renew Principal only or 2) Renew Principal and Interest or 3) Do not renew.

Standing Instruction : Kindly debit my/our SB/CD/CC A/c No. _____ for Rs. _____ every month and credit the amount to my/our RD A/c No. _____ till maturity /closure of A/c.

Monthly / Quarterly Interest to be credited to my SB/CA/CC A/c. No. _____

Kindly issue the certificate accordingly.

The account will be operated by _____ I/We agree that if the overdue deposit is prematurely withdrawn before completion of 15 days from the date of renewal, no interest is payable to me/us from the due date of payment of the old deposit receipt.

"In case the deposit is withdrawn before the expiry of the agreed term, the rate of interest payable will be the rate applicable to the period for which the deposit remains with the Bank less 1% p.a."

The name/s for the account is/are following.

First Name

Middle Name

Last Name

1. Mr./Ms. _____

2. Mr./Ms. _____

3. Mr./Ms. _____

Introduced by

Name _____

Account No. _____

(Signature of the Introducer)

Yours faithfully,

1. _____

2. _____

3. _____

(Signature/s of the Depositor/s)

(P.T.O.)

My residential/Occupational/Business Address is as follows :

Tel. No. _____

Mobile No. _____

In case the deposit is in the name of Minor

I declare that the Minor's Date Birth is ____/____/____ and his/her age in completed years is _____

**** Nomination**

I/We nominate _____

residing at _____

aged _____ years and related to me/us as _____

to whom in the event of my/our death the amount of the deposit may be returned by Abhyudaya Co-operative Bank Ltd.

As the Nominee is a Minor on this date whose Date of

Birth is ____/____/____, I/We appoint Mr./Ms. _____

_____ residing

at _____

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)

Whether Nominator(s) agree(s) to have name of the Nominee on Term Deposit Receipt / RD Pass Book - ☐ Yes ☐ No

Date :

[Signature/s of the Depositor/s]

For Office Use Only

Account No. _____ Certificate No. _____ w.e.f. ____/____/____

Maturity Value _____ Due Date ____/____/____

Photo Attached to SB / CA A/c. No. _____ Membership No. _____

Account Opened and Signature verified

Clerk / Astt. Actt.

Astt. Actt./Accountant / Manager