ABHYUDAYA CO-OPERATIVE BANK LTD. (Multi-State Scheduled Bank)
Head Office: K. K. Tower, Off. G. D. Ambekar Marg, Docket No.
Branch Cust. ID
TERM DEPOSIT ACCOUNT OPENING FORM FOR INDIVIDUAL/NON INDIVIDUALS Type of Account
To, Type of Account The Branch Manager, Account No.
Abhyudaya Co-op. Bank Ltd., Branch Ranch Code No.
Please fill in CAPITAL letters. Please tick (✓) the appropriate boxes.
Dear Sir/ Madam, Please open a Term / Recurring Deposit Account as per details given below, for which I/We deposit/-
(Rupees).
Payment By Cash Debit to A/c NoBranch
Cheque No Date ://20 Drawee Bank Branch Type of Deposit :
Re-Investment Plan (QICRIP) Monthly Interest Deposit (MID) Quarterly Interest Deposit (QID)
Fixed Deposit (FDR) Recurring Deposit (RD) ATSS Other (Specify)
Term Deposit : Amount Period Months Days Rate of Interest % p.a.
Recurring Deposit : Amount Perlod Months Days Rate of Interest % p.a.
In case of MINOR ACCOUNT (full details of Minor): Minor's Date of Birth:
The Minor's Account will be operated by Mr./Mrs./Ms.
Cust. ID No. having relation with Minor as Father Mother Legal Guardian
Personal Details of Account Holder(s):
1° Cust. ID No. 3° Cust. ID No. 3° Cust. ID No. 3° Cust. ID No.
Applicant (Mr./Mrs./Ms./Mas.)
1st
2nd
3rd
Details of Business / Firm /Trust / HUF / Association of persons / Company / Society / Others
Name/Title of Account Cust. ID No.
The Account will be operated by / Deposit Amount will be Payable to :
Self Either or Survivor Former or Survivor Any One or Survivor(s)
All Jointly or Survivor(s) As per Resolution Any Other (Specify)
Whether Maturity Notice is to be sent? Yes No Correspondence to address Serial No.
Recurring Deposit :
branch for/- every month and CREDIT the amount monthly instalment to my/our RD A/C. till maturity.
Interest Payment :
Interest Payment on MID (MID INT. at Discounted Rate)/QID By Transfer to Abhyudaya Current/Savings
Bank A/c No Branch
Interest Payment on MID/QID BY NEFT (Incase of Account with other Bank) IFSC CODE A/c No.
Name of the Bank Branch Branch
Copies of Documents enclosed
I/ We undertake to furnish Term Deposit Receipt with instructions for renewal or disbursement of the principal

- amount of the deposit and interest due thereon upon maturity of the deposit. In the absence of any instructions on the due date, I/We authorize the Bank to renew the deposit automatically for a similar term at the interest rate prevailing at the time of renewal in order to safeguard loss of interest. • I/We, being the Term Deposit holder and a <u>Senior Citizens</u> availing the benefit of additional interest rate undertake
- to furnish Term Deposit Receipt duly signed by at the time of receiving payment.
- Where deposit is withdrawn before the date of maturity, the rate of interest applicable would be 1 % less than the rate applicable for the period the deposit has actually remained with the Bank as ruling on the date of deposit. In case of Joint A/c, all the joint account holders have to give discharge for getting withdrawal before maturity.

Declaration :						
*Applicable only in case of J						
	spect of our joint account					
	it, having mandate 'Eithe	r or Su	rvivor', 'For	mer or Si	irvivor, Anyone or	Survivor',
if thought fit, say –	lepositor/s are permitted	to wit	hdraw prem	aturely th	ne denosit amount	without
	the legal heirs of the dece					
	depositor/s acting togeth				ce any variation/car	cellation
of subsisting nomina		No				
2) 🔲 I/We hereby furth	er declare that I/We am/	are no	t related to	any of th	e Directors of your	bank
☐ I/We am/are Relat	ed to Mr./Mrs)R			(Director of yo	our Bank)
	(Relation)					
I/ We agree to comply with time to time for the conduct	and bound by Bank's rul		the time bei		ce any change mak Yours Faithfully,	e from
(Signature)	s) / Thumb Impression (s) of th	e Denos	itor/s) 1)		2)	
I/We have been explained about						No
If Yes, the name of Nominee to b	e printed on Term Deposit R	eceipt/	RD Pass Book	Yes [No	
* Nomination under section 45Z						
(Nomination) Rules, 1985, in res		7101 13	45, and rate 2	.(1) 01 1110	ob operative barms	
I/We						
	es specify name & addres	ss), no	minate the fo	ollowing	person to whom th	e balance
in the account may be paid b		· ·				
event of my/ our/minor's de			direit of 7.bit	, addyc		
,, car,					Yours Faithfully,	
(Signature(s) / Thumb Impression(s) of Depositor/s)						
Name and Address of Nom	inee	Age	Relationsh	ip D.O	.B. if Nominee is a	Minor
			Ľ			
In case the Nominee is a Mi	 ;					
As the nominee is a minor	on this date, whose D	ate of	Birth is	D /M M	/ <u></u>	appoint
Mr./ Mrs						
(2)		1		-16 -6 41-		
(Name, Address and Age) to r my / our / minor's death duri						
my / our / mmor s death duri	ing the initiority of the 140	mmee	(Signature	(s) / Thum	b Impression (s) of the I	Depositor/s)
*Witness No. 1	*Witness No. 2			1		
Name	Name		•			
Address :	Address :					
71441 633 1	71441 655 1		i	2		
:=				_		
-						
Signature :	Signature:		l	0		
Place :	Place :			3		
Date :	Date :	9	•			
*Witness : If Depositor (s) is / a	re giving Thumb Impressio	n.	-			
	For Office		Only			
						
	Certificate No					
Amount of Deposit	Maturity Value			Due Date ://20		
Standing Instruction No	Authorised By					
Account Opened and Signature	Verified					
Account Opened By	Opened By: Asstt. Accountant/Accountant			In-charge	e/Manager/Sr. Manag	er/AGM
Staff No.						
				Juli NO.	,	
Date://						