



THE NILAMBUR CO-OPERATIVE URBAN BANK LTD.

നിലമ്പൂർ സഹകരണ അർബുൻ ബാങ്ക്

APPLICATION FORM FOR TERM DEPOSITS

BRANCH:		DATE:	
ACCOUNT No:		CONTRACT No :	
A-IDENTITYDETAILS EKYC No.		CUST No :	
1	Name of the Applicant/s		
2	Father's / Husband's Name		
3	a) Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	b) Date of Birth
	c) Staff	Y <input type="checkbox"/> N <input type="checkbox"/>	d) Retired Staff Y <input type="checkbox"/> N <input type="checkbox"/>
	e) Minor <input type="checkbox"/>		
If Minor, Name of the Guardian and his/her relationship with the minor			
4	a) PAN	b) Unique Identification Number (UID / Aadhar, if any)	
c) Specify the proof of identity submitted Any other (Please specify _____) No			
B-ADDRESS DETAILS			
1	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)		
	PIN Code		
2	Contact Details		Mobile No.
	Email ID		
ACCOUNT DETAILS			
Type of Account : FD: Individual <input type="checkbox"/> Senior <input type="checkbox"/> Dhannia : IND <input type="checkbox"/> Senior <input type="checkbox"/> Others <input type="checkbox"/> Cash Certificate <input type="checkbox"/>			
Mode of Operation : Single <input type="checkbox"/> E or S <input type="checkbox"/> Joint <input type="checkbox"/> F or S <input type="checkbox"/> A or S <input type="checkbox"/> Others.....			
Nomination opted : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total Deposit Amount:		No. of Contracts required:	
1.	3.	5.	7.
2.	4.	6.	8.
9.	10.		
Period of Deposit : Days <input type="text"/> Month <input type="text"/> Year <input type="text"/> Rate of Interest <input type="text"/>			
Interest Payment Periodicity: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Maturity <input type="checkbox"/>			
Our A/c Linked with Dep. <input type="text"/>			
Other Bank A/c No. : <input type="text"/>			
IFSC Code <input type="text"/>		Name: <input type="text"/>	
TDS to be deducted : Yes <input type="checkbox"/> No <input type="checkbox"/> If no, 15 ^H <input type="checkbox"/> 15 ^G <input type="checkbox"/> Exemption Certificate <input type="checkbox"/>			
TDS to be deducted from A/c <input type="text"/>			
Automatic Renewal : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Option for A/R : With Interest <input type="checkbox"/> Without Interest <input type="checkbox"/>			
Number of Auto Renewals <input type="text"/>		Deposit due Notice Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	

ACKNOWLEDGEMENT

To
 Shri/Smt/M/s.
 Dear Sir / Madam,

Branch :
 Date :
 Appl. No. :

REG : Nomination in respect of your deposit No.with us.

REF : Your Application form in (C.700) DA 1./Letter No.....dated.....

We acknowledge receipt of your letter of nomination dated.....authorising Shri/Smt.....to receive the amount of the aforesaid deposit kept in A/c No.....with us.

Yours faithfully,

MANAGER

Nilambur Co-operative Urban Bank

SIGNATURE OF APPLICANT(S)

Please open a deposit account in my/our name as per Bank's scheme. Necessary details are given above. I/We agree to deduct the penal charges if any at the time of premature closing and to abide by the rules and regulations, which have been read/explained to me/us.

Primay Account holder	Joint Account holder
1	1
2	2
3	3

In the event of death of any of the depositors mentioned in case of joint deposit, the surviving depositor/s shall retain the right to close the deposit before maturity.

Signature of the depositors

INTRODUCTION

I confirm that I personally know the applicant(s) detailed above for the last.....months/years and confirm his/her/their identity, occupation and address.

Name.....	Signature of Introducer
Account No/Address.....	
Mobile.....Email.....	

FORM DA 1

**Nomination under Section 45 'ZA' of the Banking Regulation Act,
1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits**

I/We.....
.....(Names and address) 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 Nilambur Co-operative Urban Bank Ltd. Branch.....

DEPOSIT

Nature of deposit	Distinguishing No.	Additional details, if any

NOMINEE

Name & Address	Customer No.	Relationship with depositor if any	Age	Date of birth

2. As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum.
.....(name, address) aged.....years 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) / Thumb impression(s) o depositor(s)]

Note : *Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. & Strike out if nominee is not minor. @ Thumb impression(s) shall be attested by two witnesses.

BRANCH USE

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Proof	<input type="checkbox"/>		A/c canvassed by : Employee ID/DSA ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Proof	<input type="checkbox"/>		KYC norms complied with Signature of Introducer Verified. Account				
Photos	<input type="checkbox"/>		Opened/may be opened, S.I, if any noted.				
PAN Card/Form 60/61	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Clerk	Auth. Officer	Manager			

A LEADING SPECIAL GRADE URBAN CO-OPERATIVE BANK WITH RBI LICENCE ★ OVER 75 YEARS OF SERVICE
★ NRE ACCOUNT FACILITY IN ALL BRANCHES ★ SAFE DEPOSIT LOCKER FACILITY ★ FUND TRANSFER (NEFT/RTGS) FACILITY ★ DEMAND DRAFT FACILITY ALL OVER INDIA ★ CTS COMPLIANT CHEQUES ★ VARIOUS DEPOSIT AND LOAN SCHEMES ★ GOLD LOANS UP TO 85% OF MARKET RATE IN EVERY WORKING DAYS

IFSC CODE: FDRL0NCUB01

THE NILAMBUR CO-OPERATIVE URBAN BANK LTD.

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