

FOR CUSTOMER HAVING	G ACCOUN		BANK														
The Manager,  Branch Office																	
Branch Office		•••••															
Account No. (16 digits)																	
1. FULL NAME, in CAPITAL Letters (leaving a space between first, middle & last name)  2. Customer ID No.																	
ii				+					1								
iii				+													+
3. I/We request you to open/renew the following account. I/we agree to be bound by the bank's rules in force from time to time. (Tick the relevant box on right side).																	
TERM DEPOSIT # Fixed Deposit (Sp	l N	Recurrir onthly Ins	tallment	Rs					Mont	i <b>-Recu</b> nly core	e amo	ount F	s				
		N	o. of insta	Ilments	@					No. o	f instal	lmen	ts	@		••	
#Amount Rs Kindly debit Account No Sign																	
		KIII	dly debit	Accour	nt No						_ Sign						
Period: YearMor			-								_ Sign						
Period: YearMor	nthss: Kindly de	Days		nterest	Rate:	t no	.%			(	on			of ev	ery r		
Period: YearMor *Standing instructions Interest payment C frequency	nths	Days	I	nterest	Rate:	t no	.%			(	On Cred	dit Inte	erest to	of ev SF/C	ery r A/ C0	C/OD	_
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Period: YearMor *Standing instructions Interest payment frequency (PI. tick in the appropriate box)  TDS DETAILS  Instruction for Auto Renewa deposit (Tick the relevant of	TDS, if appler Form 15G	Days  bit month  An  licable: \( \)  for gene  y of   F	y instalm nually Yes/No eral categ tenew for brincipal & aterest	nterest ent from Half Y	If no Wh for Se	t no Qua , exen ether nior C	.% rterly	n refe	Month erence i/H* su AN NO	No	Crec CC/Acc	dit Interest ount Interest ount Interest ount Interest ount Interest ount Interest output Out	erest to No turity p	of ev SF/C	ds to	SF/C	- CA/
Period: YearMor *Standing instructions Interest payment frequency (PI. tick in the appropriate box)  TDS DETAILS  Instruction for Auto Renewa deposit (Tick the relevant of	TION (Ticer or	licable: \\ i for generation of Formula   Formula	ves/No eral categoraricipal & atterest  ever is a er or	If Yes, ory, 15H	If no Wh for Se Rene Prince	t no Qua , exen ether nior C ew for sipal or	.% rterly	n refe	Month erence i/H* su AN NO	No	Crec Acc Crec CC/Acci	dit Interest of the Count of th	erest to No turity p	of ev SF/C	ds to	SF/C	- CA/
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(Signature of authorized official)
Verified by (With GBPA No.)



		Br	anch Offic	e							
		Di	st. No								
			FORI	M DA-	1: NOMIN	ATION					
	on under Section 45 espect of Bank Depo						ınies (Nor	mination	) Rules		
I/ We @	Name(s) <u>:</u>										
R/O											
Nominate	e the following persor o National Bank, B.O			our/ mino	r's death, the a	mount of deposit in	the accou	unt may	be returned		
	DEPOSIT	NOMINEE	NOMINEE								
Nature of Account	Account No.	Additional Details, if any	Name		Address	Relationsh with depos if any		\ge	If nominee is minor his/her Date of birth		
* As the r	I nominee is minor on t	this date, <b>I</b> /we a	ppoint Mr/M	ls							
Age	Address										
				e amount	of the deposit o	on behalf of the non	ninee in th	ne event	of		
my/our/m	inor's death during th	ne minority of th	e nominee.								
Place:											
Date:			@ S	Signatu	re(s) / #Thu	mb impressio	n(s) of c	deposi	tors		
behalf of	the deposit is made the minor. It if nominee is not a		minor, the non	mination i	s to be signed b	oy natural/legal gua	rdian of th	ne minor	to act on		
Nome 0	Ciamatura of the fire	at witnesses	WITN	ESSES		accord witnesses			_		
Name &	Signature of the firs	st witnesses		Name	& Signature of	second witnesses	5				
Name				Name_							
Signature	<b>)</b> :			Signatu	ıre:						
Address:				Addres	s:						
Telephon	e No			Teleph	one No						
	impression(s) shall b	-									
					EGISTERED						
The above mentioned nomination is registered at serial no											
			count No				<del></del>				
⊿ате		_•					Eos D	niah Na	tional Bank		
								-	Official)		

Form made fillable by Karvitt.com

(GBPA NO.