



SHREE WARANA SAHAKARI BANK LTD; WARANANAGAR

श्री वारणा सहकारी बँक लि., वारणानगर

Branch
शाखा :

Customer ID
ग्राहक ओळख नं.

Date :
दिनांक :

FD/RD A/c. No.
मुदत/रिकरिंग
ठेव खाते नं.

FD/ RD ACCOUNT OPENING FORM मुदत / रिकरिंग ठेव खाते उघडण्याचा अर्ज

Please open my /our FD / RD Account as per details given below (whichever is applicable)

कृपया खालील माहिती आधारे माझे / आमचे ठेव / रिकरिंग खाते सुरु करावे. (नको असलेला मजकूर खोडावा)

| | | | | | | | | |
|-----------------------------------|---|--------------------------------|-------------------------------|--------------------------------|----------------|--------------------------|--------------------------|--------------------------|
| Customer Type ग्राहकाचा प्रकार | <input type="checkbox"/> Trust | <input type="checkbox"/> Staff | <input type="checkbox"/> Mr. | <input type="checkbox"/> M/s. | Risk Review | High / Medium / Low | | |
| | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Minor | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Other | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of the Customer / ग्राहकाचे नांव :

Gender / लिंग : Male Female

| Sr.No. अ.नं. | Surname आडनांव | First Name प्रथम नांव | Middle Name वडिलांचे / पतीचे नांव | Mobile No. मोबाईल नं. | Pan No. आयकर क्रं. |
|-----------------|-------------------|--------------------------|--------------------------------------|--------------------------|-----------------------|
| १. | | | | | |
| २. | | | | | |
| ३. | | | | | |
| ४. | | | | | |

खाते चालविणे संबंधी सुचना / Mode of Operation

ठेवीचा प्रकार/Type of Deposit _____

रक्कम /Rupees _____

Self / स्वतः

Either or Survivor / दोहो पैकी एक

मुदत/Term _____ Rate of Int./व्याज दर : _____

Jointly / संयुक्त

Other (Society/Trust) / इतर

व्याज / Interest :

Please credit monthly / Quarterly / on maturity interest to my Saving Bank A/c No. _____

Br. _____

कृपया व्याजाची मासिक / तिमाही / मुदत संपतेवेळी / रक्कम माझे सेव्हिंग खाते क्रमांक : _____

शाखा _____ वरती जमा करावी.

नुतनी करण/Renew

On maturity by this Account Opening from I/We authorised to AUTO RENEW the deposit with interest/without interest for further _____ Days/Months/Year without produce of receipt

ठेवीचे स्वयंनुतनीकरणाचे बाबतीत केवळ या अर्जाचे आधारे ठेव पावती हजर न करता व्याजासह/व्याजाशिवाय _____ दिवस/महिने/वर्षाचे/कालावधी करीता नुतनीकरण करणेत यावे.

टीप : कर रकमेत बदल झालेस अथवा नविन कर प्रणाली लागू झालेस मुदतीनंतरची देय रक्कम बदलू शकते अथवा कर रक्कम कपात करणेत येईल.

Consolidated Maturity amount is excess Rs. 20,000/- it will be credited to that respective A/c. only

मुदतीनंतर देय रक्कम एकत्रितरित्या रु. २०,०००/- पेक्षा जास्त असेल तर ती संबंधीत खात्यावर जमा केली जाईल

I/We have read, understood rules of the scheme and hereby agree to the Terms & conditions and charges as applicable to my/our account. I/We bound by the Bank's (as amended from time to time) for the conduct of such account. मी / आम्ही मुदत ठेव / रिकरिंग खाते त्या संबंधीत संदर्भातील सर्व नियम वाचले असून सर्व नियम व अटी मला / आम्हाला मान्य असून ते सर्व नियम व त्या नियमात वेळोवेळी होणारे बदल माझे/आम्हावर बंधनकारक आहेत. याखातेचे बाबतीत वेळोवेळी होणारे नियम मला / आम्हांवर बंधनकारक राहतील.

NOMINATION FORM DA-1 / नामनिर्देशन अर्ज डीए-१

Nomination under Section 45ZA and 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of bank deposits. I / We nominate the following person to whom the amount of the deposit, may be returned to in the event of my / our / minor's death.

बँक ठेवीकरीता बँकींग रेग्युलेशन अक्ट १९४९ चे कलम ५६ व कलम ४५ झेड ए, तसेच को-ऑपरेटिव्ह बँक (नामनिर्देशन) नियम १९८५ चे कलम २(१) नुसार नामनिर्देशन मी / आम्ही माझ्या / आमच्या / अज्ञान व्यक्तीच्या मृत्युनंतर ठेवीची रक्कम मिळण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहोत.

NOMINEE / नामनिर्देशित व्यक्ती

Name / नाव _____ Age / वय _____

Address / पत्ता _____ Relationship with depositor, / ठेवीदाराशी असलेले नाते _____

If Nominee is minor, His/Her date of Birth / नामनिर्देशित व्यक्ती अज्ञान असल्यास त्याची / तिची जन्म तारीख _____

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

नामनिर्देशित व्यक्ती आजमितीस अज्ञान असल्यामुळे त्याचे वतीने मी / आम्ही श्री. / श्रीमती / कु. _____

(Address / पत्ता) _____ Age / वय _____

to receive the amount of the deposits on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee यांना नामनिर्देशित व्यक्ती सज्ञान होईपर्यंत किंवा माझ्या / आमच्या अज्ञानाच्या मृत्युनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीचे रक्कम मिळावी.

Signature(s)/Thumb Impression(s) of Depositor(s)
ठेवीदारांची स्वाक्षरी / दस्तूर
[Thumb impressions(s) shall be attested by two witness]
(दस्तुराची खात्री करण्याकरीता दोन साक्षीदार आवश्यक)

Witness No. 01 / साक्षीदार नं. ०१

Witness No. 02 / साक्षीदार नं. ०२

Signature / सही _____

Signature / सही _____

Name / नाव _____

Name / नाव _____

Address / पत्ता _____

Address / पत्ता _____

DECLARATION

I/We declare and confirm that

1. I/We have read the rules of the Bank and agree to abide by the same. I/We agree to inform the Bank Whenever any change occurs in my/our address/constitution/Partnership/Articles and /or Memorandum of Association. 2. I/We agree to maintain a minimum balance as per rules in our SB/CA A/C failing which the Bank may debit the charges as per rules. 3. I/We confirm that to the best of my / our knowledge and belief the above information is correct. I/We will indemnify you against any loss or damage you may suffer should any of the information prove to be incorrect.

I/We may have occasion from time to time to hand over to you for collection or negotiation cheques, Drafts or bills of Exchange (with our without document attached) and I/We hereby agree to you forwarding the same to you agents for the time being for collection or negotiation. In the event of your having no independent collecting agent at any center, I/We hereby authorize you to send cheques by main directly to the drawee bank itself. I/We hold you harmless, free from responsibility and indemnified for any loss suffered by your agent and also from any misdelivery, non-delivery or loss or documents in transit or at the destinations on account of any fault or neglect or for any reason whatsoever on the part of postal authority and / or agent/s employed by you for this purpose.

In addition to your ordinary as holders of such cheques, drafts or Bill or Exchange, you are authorized to accept in payment there of banker's cheque/s payable at your station or other places and in the event of such cheque/s not being paid on presentation to debit the amount to our account with all charges incurred thereon. I/We confirm that you can present bill and receive the amount in respects at our entire risk and responsibility.

I/We also declare and confirm that I/We are not enjoying any credit facility with any other other bank/financial institution or any branch of your Bank except the credit facilities declared and detailed in this application and I/We undertake to inform you in writing, as soon as any other credit facility / facilities is / are availed of by me / us from any bank / financial institution / any other branch of your Bank.

I/We clearly understand that all the operation effected through my/our own ATM card at any of the ATM's installed by Shree Warana Sahakari Bank Ltd, Warananagar and / or installed by other bank and permitted to be used by ATM card holders of Shree Warana Sahakari Bank Ltd; Warananagar are binding on me/us. I/We have read and understood the terms and condition governing the network operation of ATM card and I/We have agreed to have agreed to Terms/Conditions as may be stipulated by Shree Warana Sahakari Bank Ltd; Warananagar from time to time.

I/We understand and undertake that the usage of the ATM card shall be strictly in according with the Exchange control regulation and in the event of any failure to do so, I/We will be liable for action under foreign Exchange Management Act, 1999, and the amendments thereof, stipulated by the Reserve Bank of India. I/We understand that the bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the bank may debit my account for service charges as applicable from time to time. I/We accept full responsibility for my / our debit card and agree not to make any claims against Shree Warana Sahakari Bank Ltd; Warananagar in respect there to

IN WITNESS WHEREOF the Account Holder has put his Signature to this form after it was read over and explained to him/her in his/her vernacular language on the day and year herein above first written.

खातेदाराने या फॉर्ममध्ये भरलेली माहिती त्याच्या मातृभाषेमध्ये समजावुन घेवूनच फॉर्मवर आज रोजी सहा केलेल्या आहेत.

Yours faithfully

Signature of Main Applicant
प्रमुख खातेदार सही क्र. ०१

Signature of Joint Applicant 02
संयुक्त खातेदार - ०२ ची सही

Signature of Joint Applicant 03
संयुक्त खातेदार - ०३ ची सही

Signature of Joint Applicant 04
संयुक्त खातेदार - ०४ ची सही

Date : _____

Clerk

Officer

Branch Manager