

FIXED DEPOSIT/DDY/REINVESTMENT ACCOUNT

MEMBER / NON. MEMBER

The Muslim Co-operative Bank Ltd., Pune

If yes specify **SLF. No.** _____

ACCOUNT NUMBER

_____ **BRANCH**

Dear Sir/s,

Date : _____

I / We declare that / We have read the Banks Fixed Deposit / DDY / Reinvestment Account rules and I / We accept them upon me / us.
Change of rate of interest as amended / revised by the Bank / RBI from time to time is acceptable to me / us.

Please accept Fixed Deposit / DDY/ Reinvestment.

Rs. _____ (Rupees _____)

For _____ months @ Rate of interest _____ Payable on _____ Payable

Amount of Rs. _____ (Rupees _____)

_____)

FULL NAME (S) (IN BLOCK LETTERS)	SIGNATURE (S)
(1)	
(2)	
(3)	

Date of Birth 1. _____ 2. _____ 3. _____

P.A.N. 1. _____ 2. _____ 3. _____

Occupation 1. _____ 2. _____ 3. _____

Postal Address for Correspondence _____

The Deposit should be held at the disposer of : (Tick Mark Any One of the following)

1. Self 2. Either or survivor 3. Former of Survivor 4. Both of Jointly or the Survivor of us.

5. Any _____ of us 6. any _____ of Survivor of us of the last Survivor.

<p>All details entered in the Computer System</p> <p>(Signature of Data Entry Clerk)</p>	<p>Particulars Checked by</p> <p>(Signature of Passing Officer / Manager)</p>
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SPECIAL INSTRUCTION : (ONLY FOR FIXED DEPOSIT ACCOUNT)

Please Credit the Interest of above Fixed Deposit on Monthly, Quarterly, Half yearly, Yearly basis to my

Saving / Current A/C No. _____ with _____ Branch

CERTIFICATE OF INTRODUCER

I Mr./Mrs/Miss _____ residing at _____

Having Saving / Current Account No. _____ with _____ Branch

do hereby certify that I know personally Mr./Mrs./Miss./ _____

Doing Business / Service at _____

Sign. of Introducer _____ Sign. Verified (Sign of Officer) _____

Name of Officer who verified the Signature _____

FORM NO. 1 (NOMINATION)

Nomination under Section 45 ZA read with Section of 56 of the Banking Regulation Act 1949 and rule 2(1) of the Co-Op. Bank (Nomination rules 1985 in respect of bank deposits)

I/We _____

Residing at _____

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 Muslim Co-Operative bank Ltd. Pune _____ Branch in which deposit are held.

Nature of Account	Account Number	Name & Address of Nominee	Relation with Depositor & Age	If Nominee is Minor His/Her Birth date

As the nominee is a minor on this date, I/We appoint Mr./Mrs/Miss _____

Relation _____ Age _____ to receive the amount of the deposit on behalf of nominee in the event of my minor (s) death during the minority of the nominee.

Place : _____

Sign.(s) Thumb impression (s) of Depositors

Date : _____

Nomination registered at Sr. No. _____ date _____ **Sign of Incharge** _____

Nomination registration No. _____ received. **Sign of Depositor** _____