



THE INCOME TAX DEPT. CO-OP. BANK LTD.

Aayakar Bhavan, Maharshi Karve Marg, Mumbai - 400020.

Account
Number

The Manager

The Income Tax Department Co-Op. Bank Ltd., Mumbai
Mumbai

Date _____

Dear Sir,

Please open a Fixed Deposit / Reinvestment Account for _____ months in My / Our Name (s) in the Books of the Bank for Credit of which I / We handover you Rs. _____

I / We agree to comply with and bound by the Bank's rules, bye laws for the time being in force for the conduct as such accounts.

For
Joint
accounts
only

The account will be operated by self Either or survivors / any one or survivors / jointly. and in the event of the decease of any of us, the balance at the credit of account will be payable to the survivors or survivor. No other person has any interest whatsoever in the balance in this Account.

Monthly / Quarterly interest be credit to S/B A/C No. _____ in the Name of _____

Kindly issue Deposit receipt for Rs. _____ for _____ months @ _____ % p.a.

Yours faithfully

(Signature/s)

Name of the Depositor in full _____

Address in full _____

PAN No. _____

Mobile No. _____

Occupation _____

Office Address _____

in case of Minor : Date of birth _____ Age _____

Full Names to operate the account by Father & Natural Guardian

Shri _____ Will sign as _____

“ _____ “ _____

“ _____ “ _____

☐ Introduced by (Name) _____ Account No. _____

Signature _____

☐ To be introduced by a customer / member or some respectable person known to this Bank

Officer / Dy. Manager

Chief Executive
Officer



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DAI

Nomination under section 45ZA read with section 56 of the Banking regulation Act. 1949 & Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of the bank deposits.

I / We _____
[Name (s) and address of the Depositors]

nominate the following persons 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 Income Tax Department Co-Operative Bank Ltd. _____ Branch.

| Deposit | | | Nominee | | | | |
|-------------------|-------------|---------------------------|---------|---------|------------------------------------|-----|--|
| Nature of Account | No. of A/c. | Additional details if any | Name | Address | Relationship with depositor if any | Age | If nominee is a minor his date of birth* |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

* As the Nominee is a minor on this date. I/We appoint Shri/Smt./Kum _____
(Name, Address age) to receive the amount of the deposit on behalf of the nominee minor in the event of my / our / minor's death during the minority of the nominee.

Place :

Date :

Signature (s) / Thumb Impression (s)
of depositors (s)

Name (s), signature (s) and
Address (es) of witness (es) *

- ☐ Whether deposit is made in the name of a minor, the nomination should be signed by person lawful entitled to act on behalf of the minor.
- ☐ Strike out in nominee is not a minor.
- ☐ Thumb impression (s) shall attested by two witness.