



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

दि इन्कम टॅक्स डिपार्टमेंट को-ऑप. बँक लि. मुंबई

THE INCOME TAX DEPARTMENT CO-OP. BANK LTD., MUMBAI

Ayakar Bhavan, Maharshi Karve Marg, Mumbai - 400020.

DATE OF ACCOUNT OPENING :

ACCOUNT NO. :

ACCOUNT OPENING FORM
FOR RECURRING DEPOSIT

KNOW YOUR CUSTOMER - CUSTOMER'S RECORD OF PROFILE

Dear Sir,

Please open a Recurring Deposit Account in My / Our name in the books of the Banks for credit of which I/We tender you Rs. for months/year. I/We agree to comply with and bound by the Banks Rules, for the conduct of such accounts that are in force or may come in to force from time to time here in after.

Account will be operated and can be closed by.

☐ 1) Self ☐ 2) Either or Survivor ☐ 3) Jointly of Survivor ☐ 4) Any one of us

Standing Instructions to the bank (if any) _____

Full Name _____
(First Name) (Middle Name) (Sur Name)

(First Name) (Middle Name) (Sur Name)

Date of Birth _____ PAN No.: _____

Designation _____ Occupation _____

Address : _____

Signature of the Depositor's

FOR BANKS'S USE ONLY

Information entered by : _____

Allowed to open
Recurring Deposit Account

Information verified by : _____

Signature scanned by : _____

Signature of Chief Executive Officer

Details of account holder

Tel. No. (O) : _____ (R) : _____ Mobile : _____

INTRODUCTION :

I Certify that I Know Mr./Mrs./M/s. _____ for last
_____ month/years. I hereby confirm his/her/its identify, occupation and address as stated in this application.

Name of the Introducer _____ S. B. A/c. Number _____

Nomination : DA-1

SIGNATURE OF THE INTRODUCER

Nomination under section 45ZA read with section 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 following person/s to whom in the event of my/our death the amount of the deposit may be paid/returned by the bank.

Name : 1) _____ 2) _____

Address : _____

Relationship with the Depositor : _____

Age : _____ it the nominee is Minor, Date of Birth _____

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

Age _____ Address _____

to receive the amount of deposit in behalf of the nominee, in the event of my/our death during the minority of the nominee.

Signature of The Depositor/s