



# THE AGRASEN CO-OPERATIVE URBAN BANK LIMITED

Head Office : #15-2-391/392/1, Siddiamber Bazar, Hyderabad- 500012.

Branch Name : \_\_\_\_\_

## TERM DEPOSIT ACCOUNT OPENING FORM

(Please fill the Form in block letters, fields marked\* are MANDATORY)

Branch Code: \_\_\_\_\_

Date		CKYC No.
Account No.		
Customer ID		
Customer ID		
Customer ID		
Customer ID		

### \* PERSONAL DETAILS

	PREFIX	FULL NAME (Please Leave one space between words)		
	Mr./Mrs./Ms.	First Name	Middle Name	Last Name
1. Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### MINOR ACCOUNT

Name of the Minor	<input type="text"/>
Name of Parent / Guardian	<input type="text"/>
Minor's Date of Birth	<input type="text"/>
Relationship with minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> By court order (if yes please affix a copy)
	<input type="checkbox"/> Others (Please specify) _____

Date of Birth (dd/mm/yy)	Sex M / F / T	Marital Status	Relationship with first applicant	Occupation* Code	PAN
1. Applicant <input type="text"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="text"/>
2. Applicant <input type="text"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="text"/>
3. Applicant <input type="text"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="text"/>

\* Occupation may be indicated as

1. Professional / Self-employed 2. Wage / Salary Earner 3. Trade / Business 4. Agriculture 5. House Wife 6. Retired Person  
7. Student 8. Others

## 1. Applicant

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### CORRESPONDENCE ADDRESS

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Please accept a deposit of ₹ \_\_\_\_\_ (in words) \_\_\_\_\_

for a period of \_\_\_\_\_ Years / Months / Days at \_\_\_\_\_ p.a.

Status of Depositor (Please tick any one) ☐ Resident ☐ Senior Citizen (Submit age proof) ☐ Staff

☐ Short Term      ☐ Cumulative      ☐ Monthly Interest      ☐ Quarterly Interest

☐ Recurring - Monthly Instalment of ₹ \_\_\_\_\_

Monthly Interest in ₹	
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Quarterly Interest in ₹

Monthly Interest in ₹	
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Quarterly Interest in ₹

☐ \* Cash ₹ \_\_\_\_\_ Debit my \_\_\_\_\_ A/c No.

☐ \* Cheque No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y
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 Drawn on \_\_\_\_\_ Bank

Branch.

### INTEREST PAYMENT INSTRUCTION

☐ Credit Monthly / Quarterly / Annual Interest to \_\_\_\_\_ A/C No. 

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☐ Issue BC / DD on \_\_\_\_\_ BANK \_\_\_\_\_  
(Location) \_\_\_\_\_ BRANCH \_\_\_\_\_  
\_\_\_\_\_ IFSC \_\_\_\_\_  
\_\_\_\_\_

### MATURITY INSTRUCTION

☐ Credit Maturity Amount to \_\_\_\_\_ A/C No. 

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☐ Issue BC / DD on \_\_\_\_\_ (Location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Renew the fixed Deposit for \_\_\_\_\_ Days / Months / Years

### MODE OF OPERATION

☐ Self ☐ Either / Any one or Survivor ☐ Jointly ☐ Others (Please specify) \_\_\_\_\_

### \* DECLARATION

I/We have read and understood the terms & conditions governing the opening of a term deposit account with The Agrasen Co-operative Urban Bank Ltd. I/we accept and agree to be bound by the said terms and conditions including those excluding / limiting the Bank's liability. 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 Terms & Conditions governing the service are subject to amendment, alteration or modification from time to time and I / We undertake to be bound by the same. I/We further agree to receive promotion offer from the Bank from time to time by mailers / SMS, unless stand otherwise by me / us in writing.

I / We confirm that all details provided in the form are correct.

1st Applicant Photo

2nd Applicant Photo

3rd Applicant Photo

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature

Signature

Signature



**\* NOMINATION**

- ☐ Yes If, Yes please fill form DA1
- ☐ No No, I declare that I do not wish to make a nomination in my deposit account.

**FORM DA1**

Nomination : Nomination under Sec 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits (Form DA 1)

I / We \_\_\_\_\_ (Names) nominate the following person whom, in the event of my / our / minor's death, the amount of the deposit in the account may be returned by Agrasen Bank \_\_\_\_\_ Branch.

Name & Address of the Nominee	Relation with Depositor, if any	Age	If Nominee is minor his / her Date of Birth

\* As the nominee is a minor on this date, I / We appoint \_\_\_\_\_ (Name, Address & Age) to receive the amount of the deposit amount in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Signature (Depositors) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**INTRODUCTION**

Name		Type of A/c	
Address		Account No.	
		Customer ID	
		Branch Name	
Pin Code		Email	Dt. of opening of the A/c.
Tel. No.		Mobile No.	Customer ID

I / We certify that, Mr. / Mrs. / Ms. \_\_\_\_\_ is / are known to me/us personally since last \_\_\_\_\_ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my / our knowledge & belief.

Date :

(Signature of the Introducer)

**FOR BANK USE**

Account Opened on :	
Account Number :	
Fixed Deposit Receipt No. :	
Verified by Name :	
Signature :	



Code No. \_\_\_\_\_

(to be obtained for each applicant / authorised signatory separately)

CKYC No. (If allotted)

10) Total (approximate) Value of Assets \_\_\_\_\_

- 11) Educational Qualification : \_\_\_\_\_
- 12) Martial Status : \_\_\_\_\_
- 13) Nationality : \_\_\_\_\_
- 14) Domicile : \_\_\_\_\_
- 15) Category - GEN/SC/ST/OBC/Minority (Specify) \_\_\_\_\_
- 16) Name and Address of employer \_\_\_\_\_
- 17) (a) Source of Income \_\_\_\_\_
- b) Anticipated level / nature of activity \_\_\_\_\_
- 18) Family Members : Adults : Males \_\_\_\_\_ Females \_\_\_\_\_ Minors : Males \_\_\_\_\_ Females \_\_\_\_\_
- 19) Mother's Maiden Name : \_\_\_\_\_

Place \_\_\_\_\_

(Signature/Thumb Impression of Customer)

Date \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE**

- 1) Threshold Limit (as per KYC Norms ₹ \_\_\_\_\_)
- 2) Risk Categorisation (as per KYC Norms) - **LOW / MEDIUM / HIGH**  
(to be revised according to development in the account / Social Status)

Authorised Officer / Branch Manager