



Rajadhani Co-op. Urban Bank Ltd.

(H.O.: 3-4-1005/2/1, Indrani Complex, Barkatpura, Hyderabad-27.)

ACCOUNT OPENING FORM Term Deposits

..... Branch

Account No.

Type of Deposit (Specify)

Date

Full Name(s) (in block letters)

Address of first depositor

1.
2.
3.
4.

Balance payable to

Me

Jointly to us

Either / Any one of us / Survivor

Former / Survivor

Date of Birth of Minor (in Case of Minor Deposit)

I/We request you to open a Term Deposit in my/our name(s) in accordance with the rules of the Bank on the following terms and conditions and issue me/us deposit receipt/pass books. I/We agree to be bound by the Bank's rules and regulations governing such accounts from time to time.

I/We am/are aware that should the bank agree for the premature closure of the deposit at my/our request in writing, the interest rate on such foreclosed deposit will be lower than the contracted rate depending on the period the deposit remained with the bank and subject to the bank's Policy/RBI/IBA guidelines in force at the time of the premature closure.

Tick and Fill in Applicable Type of Deposit (Either A or B or C)

A. Rajadhani Fixed Deposit / Rajadhani Short Term Deposit (RSTD)

Rajadhani Monthly Interest Deposit (RMD) / Rajadhani Quarterly Interest Deposit (RQD)

Amount of Deposit Rs..... Period of deposit days/years

Rate of Interest

Credit Interest to CA, SB account No. with you / your branch

B. Rajadhani Cumulative Deposit (RCD) / Rajadhani Cash certificate

Amount of Deposit Rs. Period of deposit days/years

Rate of Interest Amount receivable on maturity Rs.

C. Recurring Deposit (RD)

	I	II	III	IV	V	VI	VII	VIII	IX	X
Monthly Instalments										

RD : Period of Deposit : Instalment amount Rs.....

Repayment :

For RD : Rs. (30 days after the last instalment becomes payable and is paid by me/us or on the date of maturity whichever later)

Date :

Signature of Depositor(s)

Declarations :

Grant of loan against the security of deposit or its fore-closure

The Bank may on receipt of a written application from

All the depositors jointly (in the case of instructions to pay the balance "Jointly")

The "former" only during his life time and after him, Survivor(s) (in the case of "Former or Survivor" instructions).

or

Either any one of us or Survivor(s) of us (in the case of "Either / Any one of us or survivor" instructions).

or

All the depositors jointly when they are alive or survivor(s) (in the case of instructions to pay the balance to "Both the survivors" / All or survivor) in its sole discretion and subject to such terms and conditions as it may stipulate. Grant loan / advance / credit facility against the security of the deposit or make premature payment of the proceeds to the applicant.

Date :

Signature of Dipositor(s)

Automatic Renewal (For Fixed Deposit, Short Deposit, etc.)

I/We authorise the Bank to automatically renew the deposit on the due date and subsequent due dates thereafter for an initial period of as per the original deposit receipt unless instructions to the contrary from me / us is received in writing by the Bank before maturity. The renewal will be in accordance with the provisions of the scheme and RBI directives in force at the time of renewal.

I/We understand that the interest applicable on renewals will be at the applicable ruling rates on the date of maturity.

I/We further understand that the fact of renewal will be entered in the deposit receipt on my/our presenting the same to the Bank on or after the maturity date.

Date :

Signature of Depositor(s)

Declaration by Staff Member(s)

I/We Roll No. member/s of the staff whose name(s) appear in this account, hereby declare that all the monies deposited or, which may, from time to time be deposited in this account, belong to me/us and such monies do not belong to the other parties to the account who are not members of staff but are my/our family members.

Date :

Signature of Depositor(s)

I hereby introduce Mr./Mrs./Miss who is personally known to me for the past years and confirm correctness of the address declared herein.

Date :

Signature of Introducer(s)

KYC COMPLIED

Signature(s) verified

For Office use only

KYC Obtained / Updated

Manager

Date :

Authorised Signatory

Nomination

I/We nominate the following persons to whom the balance in the account may be paid by Rajadhani Co.op. Urban Bank Ltd., in the event of my / our / minor's death.

Name and address of Nominee	Age	Relationship	Date of birth, if nominee is a minor

In case the nominee is a minor

As the nominee is a minor on this date, I/We appoint Shri/Smt./Miss (name, address and age) to receive the amount on behalf of the nominee in th event of my / our / minor's death during the minority of the nominee.

Place :

Date :

Name and signatures of Witness(in case of LTI)

TI of Depositor(s)

Signature / L

1)

2)

FOR OFFICE USE ONLY

Nomination Registered

Date :

Authorised Officer

**RAJADHANI CO.OP. URBAN BANK LTD. Branch
ACKNOWLEDGEMENT**

Account No.

Name of Depositor

Nomination in favour of

dated has been registered in the books of the Bank.

For **Rajadhani Co.op. Urban Bank Ltd.**

Date :

Manager