

Udham Singh Nagar District Co-operative Bank Ltd., Rudrapur

Branch.....

F.D. IND. / F.D. RE-INVESTMENT

ACCOUNT OPENING FORM

The Branch Manager,
U.S.N. District Co-operative Bank Ltd.
Branch.....

Account No.....
Dated.....

Dear Sri,

I/We have to request you to open a "fixed Deposit Under Re-investment Deposit Plan" in my/Name in the books of the Bank.

I/We.....
herewith Deposit Rs.....(Rupees.....only)
for.....months in the fixed Deposit Under Re-investment Deposit Plan and authorise the Bank to re-invest the interest earned on this Deposit back in to my/our account for an appropriate period and I/we agree to receive Rs..... (Rupees.....
.....only on or after.....(due date)

Strike out which
over is in not
Applicable)

I/We hereby declare that the rule of the U.S.N. District Co-operative Bank Ltd. governing fixed Deposit under Re-investment Deposit plan have been lead by me/us/to/me/us and that I/we accept them as binding upon me/us for the operation of such account

FULL NAME.....
(in Block letters).....
Father/Husband's Name.....
Date of Birth.....
Occupation.....
Pan No.
Telephone/Mob. No.
Address.....
.....

Yours faithfully

(Signature)

SPECIMEN SIGNATURE

(1).....(2).....(3).....

Introduced by :-

Signature.....
Name.....
A/C/ No.
Address.....
.....

Verified

Branch Manager
Authorized Signatures

Udham Singh Nagar District Co-operative Bank Ltd., Rudrapur

Branch.....

Nomination Form

Nomination under section 45 ZA 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 the Bank deposits.

I/We _____

(Name(s) and address as)

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 _____

(Name and address of branch/office in which deposit in held)

Nature of	Distinguishing No.	Deposit		Nominee			
		Additional Details if any	Name	Address	Relationship with depositor in any	Age	If nominee is a minor his date of birth

2- As the nominee is a minor on this date. I/we appoint Shri/Smt/Kum _____

(Name)

address and age

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place :

Date :

Signature(s) /Thumb impression(s)
of depositor (s)Name(s) Signature (s) and
address(es) of witness(es) @

*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

*Strike out if nominee is not a minor.

@ Thumb impression's shall be attested by two witnesses