

INTRODUCTION DETAILS	INTRODUCER'S NAME ADDRESS A/c. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: right;">SIGNATURE</div>	BANKERS VERIFICATION (If Applicant is known to Bank) NAME OF OFFICIAL DESIGNATION <div style="text-align: right;">SIGNATURE</div>									
MODE OF OPERATION	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT <input type="checkbox"/> EITHER OR SURVIVOR <input type="checkbox"/> ANY OTHER <input type="checkbox"/> (Specify)										
DEPOSIT DETAILS	Period.....Rate of Interest%p.a.Rs..... Interest Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Reinvest <input type="checkbox"/> Credit my / Our A/c. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Remit to me / us by Draft / Bankers Cheque at my / our mailing address										
NOMINATION	Nomination under Section 45ZA of the Banking Regulation Act, 1949 and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1965, in respect of Bank Deposits. I/We named overleaf nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit covered by this account may be returned by THE BUSINESS CO-OP.BANK LTD., Nashik Road. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 65%;">Nominee</th> <th style="width: 15%;">Relationship</th> <th style="width: 20%;">Age</th> </tr> </thead> <tbody> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> </tbody> </table> <p>As the nominee is minor on this date, _____ will 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.</p>		Nominee	Relationship	Age	NAME			ADDRESS		
Nominee	Relationship	Age									
NAME											
ADDRESS											
DECLARATION	WITNESS : NAME ADDRESS DATE <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: right;">SIGNATURE</div>										
SIGNATURE	<ol style="list-style-type: none"> 1. I/We request THE BUSINESS CO-OP. BANK LTD. to open an account in my/our name (s). 2. I/We agree to abide by the rules relating to deposit account(s) stipulated by the bank and other regulatory authorities. 3. I/We understand that in the absence of instruction to the contrary, deposit shall be renewed for a similar period at the interest rates applicable on the date of maturity. 4. I/We authorise the Bank to deduct tax at source, where applicable as per Income Tax Act. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">CUSTOMER NAME (S)</th> <th style="width: 50%;">SIGNATURE (S)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>1.</td> <td></td> </tr> <tr> <td>1.</td> <td></td> </tr> </tbody> </table>		CUSTOMER NAME (S)	SIGNATURE (S)	1.		1.		1.		
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