



THE PAYYANNUR CO-OP. TOWN BANK

Branch :

LTD; No. C. 827

P.B. No 13, PAYYANNUR, Phone: 202930, 202950 Account No.

ACCOUNT OPENING FORM – DAY DEPOSIT

Date.....

Place.....

Sir,

I / We wish to open a Day Deposit Account in your Bank for a Period ofMonth. I / We shall remit RS.....daily. I/We have read the rules and will abide by them.

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Name in full:

Mob No:

Address:

DECLARATION : I agree to abide by all the rules of the Bank now in force or to be brought into force from time to time.

SPECIMEN SIGNATURE

Signature.....

- 1.....
- 2.....
- 3.....

PHOTO

Introduced by

(Signature, Name & Address)

Manager.

FORM DA 1 – NOMINATION

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 Deposit.

I/We.....

[Names(s) and address(es)]

Nominate the following person to whom in the event of my/our/minors death, the amount of the deposits, particulars whereof are given below, may be returned by THE PAYYANNUR CO-OPERATIVE TOWN BANK LTD; No. C 827.....Branch.

Nomination Number	Name	Address	Relationship With Depositor If 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.....

.....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 :

Name(s), Signature(s) and

Address(es) of witness(es)***

**Signature(s)/Thumb impression(s) of depositor(s)

*Where deposit is made in the name of a 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.