



नवजीवन को.ऑ.बैंक लि. नوجیون کوآپریٹو بینک لمیٹید

NAV JEEVAN CO.OP BANK LTD.

(Regd. No. TNA/ULR/BNK (0) 101/85 Date 14-02-1985)

Head Office : Bhawani Saw Mills Compound, Ulhasnagar - 421 003.

Tel.: 0251 - 2572101 / 2568541 Fax : 0251 - 2567523

E-mail : navjeevanbank@gmail.com Visit us at : www.navjeevanbank.com

REQUEST FOR OPENING TERM DEPOSIT FOR ADDITIONAL RECEIPT / DEPOSIT

Date : _____ Branch : _____ New FDR A/c. No. : _____

1st) Customer ID No. _____ PAN No. _____ D.O.B. : _____

Aadhar Card No. _____ Mobile No. _____

2nd) Customer ID No. _____ PAN No. _____ D.O.B. : _____

Aadhar Card No. _____ Mobile No. _____

I / We am / are having Account No. _____ with your _____ Branch

I / We Authorize you to debit my A/c No. _____ for Rs. _____

I / We have complied with all K.Y.C. requirements and agreed to be bound by the Banks Rules & Regulation from time to time.

I / We hereby request you for opening a Term Deposit Account for issue of Deposit receipt details :

Name/s _____

Type of Deposits : RIP / FDR / MID / QID / R.D. / Other Deposits please specify _____

Deposit Details : Deposit Amount _____ Period _____

Mode of Operation : Self / Either or Survivor / Jointly / Any other (Please Specify) _____

Detail Deposit Amount : By Cash / Transfer / Cheque / _____

Details of Cheque No. : _____ Drawn on : _____

Name of the Nominee : _____ Age _____ Relationship with deposit holder _____

Address of Nominee : _____

Auto Renewal details : With interest OR Without Interest : _____

On Maturity Amount to be credited in SB/ CD / CC / OD A/c. No. _____ Branch _____

On Mandate for Term Deposits In Case of Either or Survivor / Former or Survivor

In the event of Death of any of us, Bank shall be at liberty to make payment of the deposit to the Survivor/s without the concurrence of the legal heirs of the deceased.

We hereby declare that in case of death of one of joint depositors, the surviving depositor may be allowed to withdraw the deposit before maturity.

Signature of Applicant

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1st Applicant

2nd Applicant

3rd Applicant

FOR OFFICE USE ONLY

System generated New Account No. for additional Receipt : _____

Confirmed KYC details / verify from the existing account no. _____

Entered by Clerk : _____

Seal, Name & Sign of Officer / Branch Manager