

The Visakhapatnam Co-operative Bank Ltd., Visakhapatnam

(Regd. No. MSCS/CR/1101/2014)

(MULTI STATE CO-OPERATIVE URBAN BANK)

Branch : _____

Date :

A/c. No. _____

APPLICATION FORM FOR DAILY DEPOSIT ACCOUNT

	Sole / First Applicant ఏకైక / మొదటి దరఖాస్తుదారుడు	Second Applicant రెండవ దరఖాస్తుదారుడు
Name in Full పూర్తి పేరు		
S/o. / D/o. / W/o. తండ్రి లేక భర్త పేరు		
Date of Birth & Age పుట్టిన తేదీ మరియు వయస్సు		
Occupation వృత్తి		
Residence Address ఇంటి చిరునామా		
Office Address ఆఫీస్ చిరునామా		
Phone Numbers (Res.) ఫోన్ నెంబర్లు (ఇల్లు)	Business Place : వ్యాపార స్థలం	Mobile : మొబైల్
Period : One Year కాలపరిమితి : ఒక సంవత్సరం	Deposit Payable to :- Single [] Jointly []	Either or Survivor [] Former or Survivor []

Rules & Regulations

1. The deposit is not withdrawable before one year.
2. Rate of Interest @ 6% at quarterly rests shall be payable on monthly balances.
3. Loan upto 75% of the deposit as on date could be availed @ 8% p.a. charged at quarterly rests.
4. Only deposit receipts should be preserved and the Pass Book shall be upto dated once in 15 days.
5. Bank cannot be held responsible if the depositor cannot submit the receipt for cash deposits made in case of a controversy.
6. Loan against deposits shall be sanctioned only at the respective branch, but not at the residence of the Depositor.

Signature(s) / Thumb Impression(s)
of the Depositor (s)

FORM DA-1

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 _____

nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below, may be returned by

THE VISAKHAPATNAM CO-OPERATIVE BANK LTD., VISAKHAPATNAM.

DEPOSIT			NOMINEE	
Nature of A/c.	Distinguishing No.	Additional Details, if any	Name :	
			Age :	If, nominee is a minor his / her date of birth
			Relationship with depositor if any :	
			Address :	

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 :

Signature(s) / Thumb impression(s)

Date :

of the depositor(s)

WITNESS

1. Name :

1. Name :

Signature :

Signature :

Address :

Address :

Where the 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 to witnesses

OFFICE USE

Head of A/c.	DAILY DEPOSIT
Deposit No.	
Certificate No.	
Date of Transaction	
Effect Date	
Due on	
Maturity Amount	
Membership G.No.	
Cash / Transfer from	
Clerk	B.M. / P.O.

First Applicant
Photo
(మొదటి
దరఖాస్తుదారుని
ఫోటో)

Second Applicant
Photo
(రెండవ
దరఖాస్తుదారుని
ఫోటో)

1.

1.

2.

2.

Signature of First Applicant
(మొదటి దరఖాస్తుదారుని సంతకం)

Signature of Second Applicant
(రెండవ దరఖాస్తుదారుని సంతకం)