THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LIMITED

HEAD OFFICE / ..... BRANCH

TERM DEPOSIT APPLICATION

NATURE OF DEPOSIT	FD		RD		Other Deposit		
NAME & ADDRESS							
A/C TYPE	SINGLE		E OR S		JOINT		
SB A/C NO							
CIF NO							
DEPOSIT No.							
DEPOSIT AMOUNT							
PERIOD							
RATE OF INT							
PAN CARD NO							
NAME OF THE NOMINEE							
AUTO RENIWAL	PRINCIPAL ONLY		PRINCIPAL + INTREST				
INTEREST FREQUACE	MONTHLY		QUARTEARLY		ON MATURITY		

Signature of Depositor

THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LIMITED

HEAD OFFICE / ..... BRANCH

Nomination accepted and Registered vide Regn. No ..... Date .....
Acknowledgment issued to the Account Holder

FD No.

For the Nilgiris District Central Coop. Bank Ltd.,

Place :

Date :

Asst. Manager

Manager

NOMINATION FORM

NOMINATION (NOMINATION form DA 1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect Bank Deposit,

I/We nominate the following person to whom in the event of my/our/ minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru. / Tmt..... to receive the amount of deposit in the account on behalf of the nominee in event of my / our minor's death during the minority of the nominee.

Name and Address of the Nominee .....

Nominee's Relationship with depositor :..... Age: .....

If nominee is minor, date of birth: .....

(Signature of Depositor)

Nomination received and Registered No ..... Date .....

(Authorised Officer)