



**THE MOWANCHERY CO-OPERATIVE
RURAL BANK LTD; No. F. 1279
H.O. CHAKKARAKAL, KANNUR-670613**

(For Office Use)
APPLICATION FOR OPENING
CA SB FD

A/c No.....

To
The Branch Manager,
.....Branch
I/We request you to open a deposit account as per details given below.

Photo	Photo
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(ALL IN CAPITAL LETTERS)

● **First Applicant's Name**

Member No. **Age** **D.O.B.**

Occupation **Senior Citizen** Yes No

Name of father

Phone **Mob**

Address

● **Second Applicant's Name**

Member No. **Age** **D.O.B.**

Occupation **Senior Citizen** Yes No

Name of father

Phone **Mob**

Address

● **Type of deposit Please (✓) which ever is applicable**

Type of deposit	Amount of initial remittance	Amount in words	Period	Rate of interest
<input type="checkbox"/> Current A/c <input type="checkbox"/> SB A/c <input type="checkbox"/> FD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

● **Mode of Operation** Single Joint E or S F or S L or S

● **Instructions regarding payment of interest for the term depositors only** Credit monthly/quarterly interest to my/our SB A/c No..... with your.....branch

● **Nomination** Required Not required

● **Facilities required** Cheque book Debit Card (ATM) SMS

I/we agree to abide by the bank rules and regulations relating CA/SB/FD accounts

Specimen Signature of First Applicant	Specimen Signature of Second Applicant
1.	1.
2.	2.

Name & Signature of the introducer :..... A/c No :.....

Place :

Date :

Authorised Signature

Branch Manager

THE MOWANCHERY CO-OPERATIVE RURAL BANK LTD.
No. F 1279 P.O. MOWANCHERY

FORM D A 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

[Name (s) and address (es)]

nominate the following person to whom in the event of my / our / minors death, the amount of the deposit, particulars where are given below, may be returned by THE MOWANCHERY CO-OPERATIVE RURAL BANK LIMITED, No. F 1279,Branch

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

◆ 2 As the nominee is a minor on this date, I / We appoint Shri / Smt. / Kum

(Name, address and age)

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 :

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

Name (s) Signature (s) and address(es) of witness (es) ●

{ 1).....
.....
2).....

- ◆ Strike out if nominee is not a minor
- ◆ Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
- Thumb impression (s) shall be attested by two witness.