

Branch Id*	Branch Name	Date (DD MM YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section (A): Type of Account**

SB	CD	FD	CTD	RD	Scheme Name	Scheme Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Initial Deposit Amount: [Rs.]		Period: [Years]	[Months]	[Days]	Interest%	Periodicity of Interest	Periodicity of RD
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> [specify M/Q/H/Y]*	<input type="text"/> [specify M/Q/H/Y]*

**Section (B): Instructions**

Constitution:  Minor  Trust  HUF  Partnership  Others [specify below]

Individual  Society  Local Body  Company  Proprietorship

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Mode of Operation:  Either or S  Latter or Survivor  Any Two jointly  Others, [specify below]

Single  Joint  F or S  Any or Survivor  All of Us/Survivors

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Credit FD Interest to:  Bank A/c  DD  RTGS  ECS

on the periodicity of:  Monthly (discounted rate)  Quarterly  Half-yearly  Yearly  Maturity

A/c No:  IFS Code:

Bank:  Branch:  Place:

Favoring:

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Nomination availed  ATM Card  SMS Banking [specify the \*Mobile No:]

Internet Banking  Email Alerts [Mail-id\*:]

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Tax exempted [if ✓, provide document as:]  15G  15H  Certificate PAN:

Deduct TDS [if PAN not provided, TAX at higher rate will be deducted] from the A/c:

**Section (C): Details and Declaration of Applicant(s)**

Name of Account:

Please open a deposit account in my/our name(s) as per the information provided above. I/We agree to abide by the RBI directives and Bank's rules and regulations which have been read/ explained to me/us, regarding the conduct of the account as well other rules governing the scheme in force, from time to time.

Sr.No	Name of Applicant(s)	Minor (✓)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total No of Applicants:  [for each applicant, separate KYC form needs to be filled and attached with this form]

**Section (D): Photo and Specimen Signatures of \*1<sup>st</sup> /\*and 2<sup>nd</sup> Applicant(s)**

<input type="text"/> Sr.No & Name: .....	<input type="text"/> Sr.No & Name : .....
<div style="border: 1px solid black; padding: 5px; text-align: center;">Recent Photograph</div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Put Signature in each box above</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Recent Photograph</div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Put Signature in each box above</p>

Image has been scanned and uploaded into Cust-ID:  Ac-No:

**Guidelines**

All information should be filled in Capital letters as each letter in each column. Wherever the tick boxes (  ) are provided, please put ✓ (tick) in the appropriate box(s) only. Under section A, Periodicity of Interest and Periodicity of RD should be marked as M/Q/H/Y for Monthly/Quarterly/Half-yearly/Yearly respectively. Photo and signature of more applicants can be scanned from respective KYC forms. For each applicant, separate KYC form needs to be filled and attached with this form.

**Section (E): Details of Introducer**

I, confirm that the applicant(s) are known to me personally.

Introducer's Name: ..... A/c No: .....

Address: ..... Customer-ID:

Date:       Phone:           Signature :.....

**Section (F): Nomination Form DA-1**

Nomination under section 45 ZA of the Banking Regulation Act, 1949 under Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

(1)  
I/ We, .....  
..... (names and addresses)  
nominate the following persons to whom, in the event of my/our/minor's death, the amount of the deposit having particulars where of are given below, may be returned by the Ernakulam District Co-operative Bank Ltd, (Branch) .....

Details of Deposits			Nominee			
Nature of Deposit	Deposit Distinguishing No	Additional details if any	Name of Nominee	Address	Relationship with the Depositor, if any	If nominee is a *minor, date of birth and age

(2)  
and I/ We, appoint .....  
..... (names and addresses) 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: ..... Name & Signature/Left thumb impression of depositor(s)  
Date:       1.  
Name & Signature/Left thumb impression of witness(es) 2.  
1. 3.  
2. 4.

(NB: \*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. \*\*Thump impression should be attested by two witnesses and Manager/Asst.manager. Nomination can be registered only in the name of one person)

Nomination Registration No           Date:

**Section (G): Declaration by Guardian (for Accounts in the name of Minor)**

I hereby certify that .....(name of minor) was born on       and attains majority on       and I am the natural guardian/legal guardian appointed by the court order dated .....

.....  
(Name of \*Guardian) (Relationship with Minor) (Signature of Guardian)

**Section (H): Verification (for Office use only)**

A/c Opened  Signature uploaded  KYC form(s) collected  Supporting Documents collected  Data Verified  
[If rejected, specify reason: ]

Date:       Clerk: Accountant: Manager:

**Guidelines**

All information should be filled in Capital letters as each letter in each column. Wherever the tick boxes (  ) are provided, please put ✓ (tick) in the appropriate box(s) only. Guardian should submit KYC document.