

# VAISHYA SAHAKARI BANK LTD.

Account  
Number

The Gen. Manager  
Vaishya Sahakari Bank. Ltd.  
Mumbai

Date \_\_\_\_\_

Dear Sir,

Please open a **Fixed Deposit / Reinvestment / Cash-Certificate** Account for \_\_\_\_\_ months in My / Our Name (s) in the Books of the Bank for Credit of which I/We hand you Rs. \_\_\_\_\_

I/We agree to comply with and be bound by the Bank's rules, bye laws for the time being in force for the conduct of such accounts.

For Joint accounts only | The account will be operated by \_\_\_\_\_ and in the event of the decease of any of us, the balance at the credit of account will be payable to the survivors or survivor. No other person has any interest whatsoever in the balance in this Account.

Monthly / Quarterly interest be credit to S/B A/C No. \_\_\_\_\_ in the Name of \_\_\_\_\_

Kindly issue Deposit receipt for Rs. \_\_\_\_\_ for \_\_\_\_\_ months @ \_\_\_\_\_ % p.a.

Yours faithfully

(Signature/s)

\_\_\_\_\_  
Name of the } \_\_\_\_\_

Account in full \_\_\_\_\_

Address in full \_\_\_\_\_

Occupation \_\_\_\_\_

Office Address \_\_\_\_\_

in case of Minor : Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Full Names of the operators of the account

Shri \_\_\_\_\_ will sign as \_\_\_\_\_

" \_\_\_\_\_ " \_\_\_\_\_

" \_\_\_\_\_ " \_\_\_\_\_

Introduced by (Name)  \_\_\_\_\_ Account No. \_\_\_\_\_

Signature \_\_\_\_\_

To be introduced by a customer / member or some respectable person known to this Bank

Officer / Accountant

Gen. Manager

# VAISHYA SAHAKARI BANK LTD.

7, Taty Gharpure Path, Girgaon, Mumbai - 400 004.

## DAI

Nomination under section 46ZA read with section 56 of the Banking regulation Act. 1949 & Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of the bank deposits.

I \_\_\_\_\_  
We \_\_\_\_\_ [ Name (s) and address (es) ]

nominate the following persons to whom in the event of my / our / minor's death, the amount of the deposit. Particulars where of are given below, may be returned by Vaishya Sahakari Bank Ltd. \_\_\_\_\_ Branch.

Deposit			Nominee				
Nature of Account	No. of A/c.	Additional details if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor his date of birth

As the Nominee is a minor on this date. I/We appoint Shri./Smt./Kum \_\_\_\_\_

\_\_\_\_\_ (Name, Address 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 depositors (s)

Name (s), signature (s) and  
Address (es) of witness (es)

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