

(For Existing Customers)

Date/ তারিখ:

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ACCOUNT NO (Office use only) :		
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Full Name (in Block Letters) ::

Please Tick (✓) the type of account required

Amount ::

--	--	--	--	--	--	--	--

Period ::				Days/Months/Year
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Special
Instructions::

FIXED DEPOSIT Account[illegible]

Period ::				Days/Months/Year
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Special
Instructions ::**ENDOWMENT DEPOSIT Account**

Monthly Installment						
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Period ::					Days/M/Y
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Special
Instructions ::

Signature & Name of Verifying Official :
(For Office use only)

[illegible]

Specimen Signature of No 1

**Affix P/P
size photo
of No. 1.**

[illegible][illegible]

Specimen Signature of No 2

**Affix P/P
size photo
of No 2**

[illegible][illegible]

Specimen Signature of No 3

**Affix P/P
size photo
of No 3.**

[illegible]

Mode of Operation :: ☐ Either or Survivor ☐ Anyone or Survivor

☐ Jointly or Survivor
☐ Former or Survivor

☐ Latter or Survivor
☐ _____ mode of Operation

PAN / GIR Number ::

Date of Birth/ জন্ম তারিখ ::

[illegible]

1.

2.

3.

Nomination ::	Required Form Filled	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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DEPOSIT ACCOUNT (Either or Survivor Form)

To
The Asst. General Manager/ Manager / Officer-in-Charge
The Burdwan Central Co-operative Bank Ltd.
Branch

Sir,
Account Number _____ Jointly held by us with the 'E or S'/Anyone or Survivor (S)/ Jointly or Survivor (S) / Former or Survivor (S) / Latter or Survivor (S) / _____ mode or operation, we advise that the bank may pay to any one of us, any day either before or on due date, or on after due date and where no due date is fixed, on demand, the principal along with interest, payment to any one of us, until you receive notice contrary to if from both / all of us. In case of death of any one, amount be paid to survivor(s). We also advise that the bank may allow advance from our deposit to any one of us, any day either before or on due date, or on after due date and where no due date is fixed, on demand untill you receive notice contrary to if from any one/both/all of us. But the above transactions are subject to bank's satisfaction and discretion and can not be called in question by any one of us.

Yours faithfully

Signature of Depositors :: 1) 2) 3)

OPEN THE ACCOUNT

AGM / Manager / Officer in Charge

Branch Assistant

Risk Category ☐ Low ☐ Medium ☐ High



I / We

1. _____

2. _____

3. Full Name (in Block Letters):

(Names)

1. _____

2. _____

(Address)

nominate the following person 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

(Name and address of the Branch / Office where the deposit is held.)

DEPOSIT Account Number ::

NOMINEE (S)

Name	Address	Relationship with Depositor	Age	If Nominee is Minor his/her Date of Birth

As the nominee is minor on this date, I/We appoint Shri/ Smt. _____

(Name, Address and Age)

To receive the amount of deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee. (Strike out if nominee is not a minor)

Place ::

1. anyone who has a good idea?

Date ::

2. _____

Name Signature & address of Witness

(Thumb impression to be attested by 2 witnesses)

3. _____

(Signature of the depositors)



The Burdwan Central Co-operative Bank Ltd.
Head Office :: G.T. Road, Burdwan, 713101

Date ::

Branch ::

Shri / Smt _____

Dear Sir / Madame _____ We acknowledge receipt of nomination made

by you in favour of Shri / Smt _____ aged _____ years in respect of your Account

Number_____related to form DA 1 Date_____

Yours faithfully,

AGM / Manager / Officer In Charge