

I/We agree to comply with and be bound by the Bank's Rules for the time being in force for the conduct of such account. I/We authorize the bank to collect bills, cheques, etc. for and on behalf of me/us and undertake to abide by and be bound by the Terms and Conditions in this behalf.

Spl. Instructions for Term Deposits : "In the event of death of any of the joint depositors prior to maturity of the deposit, the Bank will be, at the request of the surviving depositor or all surviving depositors at liberty though not bound and at its absolute discretion to add delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the Bank may decide and such payment before maturity shall constitute a valid discharge to the Bank."

2) I/We understand that the Term Deposit will be automatically renewed for the same period along with, accrued interest at prevailing rate in absence of specific instructions before due date.

Photo

Photo

Photo

Signature of Account Holder

NOMINATION FORM DA 1

Nomination under Sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

I/We _____
[Name(s) & Address(es)]

nominate the following person to whom in the event of my / our minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by RAJARSHI SHAHU SAHAKARI BANK LTD., PUNE Branch.

Nature of Deposit & number	Name & Address of Nominee	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 _____ (Name, Address & Age) to receive the amount of the deposit in the Account 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

Signature of witness No.1 _____ Signature of witness No.2 _____
Name(s) _____ Name(s) _____
Address(es) _____ Address(es) _____
****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. #Thumb impressions shall be attested by two witnesses.**

Nomination Registration No. _____

Date

Signature of Account holder _____

Signature & code no. Of Branch Official _____ Acknowledgment of nomination received on _____

Terms and conditions regarding collection of Cheques / Bills & Other Instruments.

- The Bank at its option but at the risk & responsibility of the account holder may
1. Collect proceeds of the instruments lodged by the Account holder from time to time
 2. Appoint an agents to collect the proceeds of the instruments lodged by the Account holder and as such agent's appointed shall be the agents of the Account holder to collect such instruments.
 3. Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts / Cheques or any other mandate in lieu of cash.
 4. Take action / steps as deemed necessary to have proceeds of the instruments lodged.
 5. The Bank is hereby empowered to recover the various charges. if any by debiting the same to the Account holder.



Pune Urban Co-Op. Bank Ltd., Pune.

पुणे अर्बन को ऑप बँक लि. पुणे

Branch _____ Date

DD	MM	YY	YY
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Cust. No.

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 A/c. No.

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Account Type _____

Personal Information Sheet (to be filled in by Account holder / Joint A/c holder / Guardian)

(This information will be kept strictly confidential.)

Name: Mr. Mrs. Miss. Master

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Surname _____ First Name _____ Middle Name _____

Date of Birth:

DD	MM	YY	YY
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 PAN. No.

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Attach Documentary evidence for Minor / Senior Citizen (above 60 years)

Residential Address :

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City _____ Pin No _____ State : _____

Tel. No. _____ Mobile No. _____ Email : _____

Office Address :

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City _____ Pin No _____ State : _____

Tele No. : _____ Email:- _____

Religion: _____ Caste: _____ Country: _____ Blood Group : _____

Marital Status : Single Married No. of Children: _____

Education : Non-SSC SSC/HSC Undergraduate Graduate Post. Grad.
 Professional

Occupation : Salaried Business Retired Student Housewife
 Self-Employed/Professional Other

If salaried, employed with

Public Ltd. Co. Pvt. Ltd. Co.
 Govt. Sector Multinational
 Others _____

Name of the Employer _____

Grade:

Non-Management Junior Mgmt.
 Middle Mgmt. Top Mgmt.

If Self Employed, Profession

CA Engineer Doctor
 Trader Lawyer Consultant
 Software Others

If in Business:

Public Ltd. Pvt. Ltd. Partnership
 Proprietorship Trust Others

Monthly total family Income (approx.) Rs. :

Upto Rs. 5000 5001-10000 10001-20000
 20001-30000 30001-50000 above -50000

Banking Relations with other Banks:

Name of the Bank _____ Branch _____ A/c.No

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Name of the Bank _____ Branch _____ A/c.No

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Debit / Credit Card No. Bank: _____

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Debit / Credit Card No. Bank: _____

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(16 digit card number)

Passport No.

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Issued at : _____ Date of expiry : _____

Asset Ownership

Consumer Durables Ownership: Computer Microwave LCD Television
 Digital Camera DVD Player Home Theatre System
 Projection Television Airconditioner

Vehicle Ownership: Car Two wheeler None Both

Car Model & Make: _____

The house you currently live in : Rented Ownership
 Company provided Purchased against a Loan

Types of Loans	Loan facilities whether availed	Number of years since you last availed the loan	In the next 6 months do you intend availing any of these loans?
1. Car	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Housing	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Consumer Durable/PC	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Business	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Loan against shares	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Insurance Policy	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Travel Abroad	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Educational Loan.	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

How you came to know about us ? _____

Any other information you wish to share with your Bank: _____

You may send promotional material- Yes / No

I affirm-that, information furnished herein above is true and authentic to the best of my knowledge.

Date

D	D	M	M	Y	Y	Y	Y
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Signature