

Murshidabad District Central Co-operative Bank Ltd.

Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore, Dist. Murshidabad (W.B.). PIN-742 101,

Account Opening Form for Cash Certificate/FD/MIS/RD

Branch:															-	Date:										
Receipt No			Δ	/C	Allot	ted														_						
Excit																										
Customer Stat Private Ltd. Co. Others If We reques Bank as ticke	t us (√):] Public Ltd.	Individua . Co. 🗆	al 🗌 Sei Associ	nior C iation	ütizen □ Tr	ust/ Cl	ub 🗆	Loca	l Bod	ies 🗆	_ S⊦	IG □] JLG	□м	unici	pality/	Pane	chayet	: 🗆 1	Prop	posed	ГСоор	. Societ	у 🗆		
							eposit: ☐ M.I.S: □									Recurring Account:										
Amount/Monthly Instalment Rs: In word:(Rs)only																										
Period:										•••••	••••	•••••	•••••	•••••	•••••	••••	•••••	••••••	JOILLY							
Please Transfer The Monthly/Quarterly/Yearly Interest To My S/B or C/A A/C No:																										
Mode of Ope	eration:																									
Single Jointly	☐ Either o	r Survivo	or 🗆 F	ormer	or su	rvivor	☐ Ar	nyone	or Su	ırvivo	or 🗆	Any	Two	Jointly		Othe	r □.									
Special Instru	ction \square .																									
Account Holde	ers Detail	s_in C/	APITA	L let	ters (In the	e ord	er of	first	, mi	iddle	and	last	nam	e, le	avin	gas	расе	e bet	wee	en w	ords) <u>:</u>			
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2nd		++	_	-									-	+		-					┼─		+			
3rd Regd.									\top			1		1					Н		\vdash			++		
Address						+			+											_	$\vdash\vdash$			+		
Mob./ Tel					P	AN	I/ G	IR F	 Pin											$\dagger \dagger$						
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I st CIF																										
2 nd CIF																										
3 rd CIF																										
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Primary							Joint-I										Joint-2									
PASTE RECENDULY SIGNE						ASTI																	SIZE I			
SIGNATURE							SIGNATURE										SIGNATURE									



Signature of official with Stamp

Murshidabad District Central Co-operative Bank Ltd.

Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore, Dist. Murshidabad (W.B.). PIN-742101,

Form DA-I Nomination Form

(For individual/sole proprietor concern only)

Nomination under section respect of bank deposits.	45ZA to	45ZF	of the	e Bankin	g Regu	lation A	/C 1949	and 2(i) of the Bar	nking C	ompa	nies (Nomin	ation)	Rules	1985	in		
I/ Wemy/ our/ minor's death, the a	umount o	of the c	 Jeposit	 , particu	nam ılars wh	e(s) and nereof ar	d addre e given	ss (es) n below m	ominate the	followined by	ing pe MDC	ersons C Ban	to wh	om in	the e	vent o Branc	of h.		
A/C No.		A/C	type		Nan	ne of n	ominee			Relationship with nominee						AGE/ DOB of Minor*			
Nominee's C	IF								Gu	ın's C	CIF								
Address of Nominee :	L.																		
* As The Nominee Is A Minor Of This Date, I/ We Appoint Shri/ Smt./ Kumari															 the				
Signature:	Sign	Signature:																	
Name:		Name:																	
Address:		Address:																	
Place:		Plac						Date											
riace.		riac																	
# Signature (s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor (s) should be witnessed by two person(s)																			
OFFICE USE																			
-	The doc	uments	relatir	ng to ac	count c	pening f	orm has	been ve	erified and ac	count	is acc	epted.							
Customer ID:			Category	code	:														
Account No.:				Rate of I	nteresi	t:													
Date of Maturity									Maturity	Amou	unt:								
Authorized Signatory:																			

Date