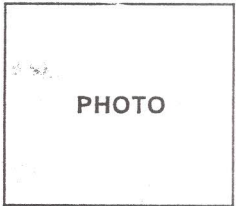
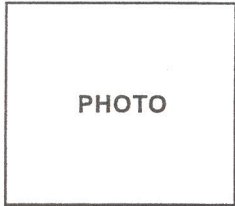




**Vima Kamgar
Co-operative Bank Ltd.**

**विमा कामगार
को-ऑपरेटिव्ह बँक लिमिटेड**



TERM DEPOSIT ACCOUNT OPENING FORM

Date : ____ / ____ / ____ S. I. No. : _____

Branch : _____

FD / KD / PFD / RD

Receipt No.: _____

Account No. _____

Are you shareholder of Bank Yes/No, if yes Membership No. _____

S.R. No. _____

I/ We tender the amount of ₹ _____ to be deposited under the following Deposit Scheme

FIXED DEPOSIT <input type="checkbox"/>	PENSION DEPOSIT <input type="checkbox"/>	KALPATARU DEPOSIT <input type="checkbox"/>	RECURRING DEPOSIT <input type="checkbox"/>
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To,
The Managing Director
Vima Kamgar Co-Operative Bank Ltd., Yogakshema, Mumbai - 400 021
Tel: 022 - 2202 7518 - 2202 2226 - 27

Dear Sir / Madam

I/We send herewith ₹ _____ (₹ in words _____)

in Cash/Cheque No. _____ Dated _____ Drawn on _____

by transfer from My / Our S.B. Account No. _____ being the amount for deposit in your Bank for a period of Days / Months / Years from _____ to _____ bearing interest at _____ per cent per annum. Deposits and Monthly / Qty. interest will be payable to Me / Either or Survivor / any one may please be transferred to My /Our S.B. A/c No. _____ with you or credit ECS to my Bank

A/c. No. _____ Bank Name _____

IFSC _____ & MICR Code _____ Maturity _____

1	SURNAME	FIRST NAME	MIDDLE NAME	I.D. NO.	SIGN.
Mr. Mrs. M/s.					
	PAN NUMBER	DATE OF BIRTH	CONTACT NO.	EMAIL	
2	SURNAME	FIRST NAME	MIDDLE NAME	I.D. NO.	SIGN.
Mr. Mrs. M/s.					
	PAN NUMBER	DATE OF BIRTH	CONTACT NO.	EMAIL	
3	SURNAME	FIRST NAME	MIDDLE NAME	I.D. NO.	SIGN.
Mr. Mrs. M/s.					
	PAN NUMBER	DATE OF BIRTH	CONTACT NO.	EMAIL	

RESI. ADDRESS	OFFICE ADDRESS

LETTER OF AUTHORITY

I hereby give authority to VIMAKAMGAR CO-OPERATIVE BANK LTD. to deduct ₹ _____

(₹ In words _____) per month towards the monthly installment of my Recurring Deposit A/c. No. _____ from my Saving Bank A/c. with you / monthly salary payable to me by Life Insurance Corporation Of India / General Insurance Corporation or Subsidiary Company of General Insurance Corporation.

Dated at Mumbai this _____ days of _____ 20

CASH _____ OR SALARY _____ OR SAVING BANK A/C NO. _____

NAME	S. R. NO.	MEMO NO.	SIGN.
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AUTHORITY

Matured Proceeds of R.D. A/c. to be transferred to my S.B. A/c. No. _____

Sign. _____

NOMINATION

I/We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per section 45 (ZA) of Banking Regulation Act, 1949 and U/S 56 of Co-operative Societies, 1985 Rule 2(1).

(Only one person can be nominated per account)

Name & Address	PAN No.	ADHAR No.	Age	Date of Birth	Relation with Depositor

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

DOB _____ Relation _____ Address _____

_____ to receive the amount of the deposit on behalf of the nominee in the event of my / our death during the minority of the nominee.

*Note : If depositor is an illiterate, thumb impression shall be attested by two witnesses.

Signature(s) of Depositor(s)

AADHAR CARD NO.

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Place :

Date :

FOR BANK'S USE ONLY

A/c: Opened on : ____ / ____ / ____ Signature of Clerk : _____ Officer / Manager _____

In case of new customer proof of identity and documents to be obtained as per KYC Norms.