



**The Accountant General's Office Employees'
Co-Operative Bank Limited**

Application For	
Fixed Deposit (FD)	
Money Multiple Certificate (MMC)	
Recurring Deposit (RD)	

Details of the Depositor(s)		
	First Depositor	Second Depositor
Customer Code		
Membership No.		
S B Account No.		
PAN Number		
Name of the Depositor		
Father's / Spouse Name		
Date of Birth		
Residential Address		
Email ID		
Phone Number		
Office Address		
Phone Number		

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I / we _____ nominate the following person, to whom, in the event of My / our / minor's death, the amount of deposit may be returned.

Name of the Nominee			
Relationship		Date of Birth	
Address			

As the nominee is a minor on this date I / We appoint Sri./ Smt. _____ aged ___ residing at _____ to receive the amount of the deposits on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Signatures		
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The Accountant General's Office Employees' Co-Operative Bank Limited				FD / MMC / RD Deposit Challan
Customer Code		Account Number		Date
In Favour of				Place
Amount	₹ _____ /- (Rupees _____ only)			
Term of Deposit	_____ Months / _____ Days		ROI	
Cashier	Accountant	Secretary	Applicant	

The Accountant General's Office Employees' Co-Operative Bank Limited	Term Deposit Acknowledgement
An Amount of ₹. _____ /- Deposited by _____ towards FD / MMC / RD Deposit through Cash / Cheque / Transfer.	Clerk

Details of the Deposit					
Deposit Amount	₹	/-	Period	_____ Months _____ Days	ROI
Amount in Words	Rupees _____ only				
Monthly Deposit Through	Cash		Salary		S B Account _____ Others _____

Deposit Renewal and Repayment Conditions					
Renewal Conditions	Auto		Term		* Savings Bank Account Number
Renew with Interest *	Yes		No		
Form 15 H / G	Yes		No		
					Repayment Condition
					Jointly
					Either / Survivor
					Self
					Former / Later

Interest Payment					
Frequency	AGS Bank A/C No	Bank Account Details (in case of NEFT)			
Monthly		Bank Name			
Quarterly		Branch Address			
Half Yearly		Account Number			
Yearly		IFSC Code			

Declaration

I / We agree to invest the above said amount for the term mentioned in your Bank in accordance with the terms and conditions of the Bank.

Signatures		

Office Note

Received an amount of ₹. _____ /- towards FD / MMC / RD Deposit through Cash / Cheque bearing Number _____ dated _____ drawn on _____

Documents Received		Certificate Details	
Age Proof		Receipt Number	
Address Proof		Maturity Amount	
KYC Form		Maturity Date	
Clerk	Accountant	Secretary	

Transfer of Deposit Account	Cheque Deposit			Cash	Amount
	Bank	Cheque No	Amount		
Debit Rs. _____ /- (Rupees _____ only) from Account No.10020000 _____ held by me or us towards Opening of New Deposit in the name of _____ (_____)				1000	
				500	
				100	
				50	
				20	
				10	
				Others	
			Total		

Name of the Bank Drawn Upon	Cheque Number	Amount