



# The Greater Bombay Co-operative Bank Ltd.

(Scheduled Bank)

Premises 1, Gr. Floor, & Premises 105, 1st Floor, Churchgate Chambers, 5, New Marine Lines,  
Sir Vithaldas Thackersey Marg, Churchgate (E), Mumbai - 400 020. \*Date : \_\_\_\_\_

ONLY FOR EXISTING CUSTOMERS

\*Name of Home Branch

## Request for Term Deposit Account

Regular Membership No. \_\_\_\_\_

\*Customer Status :  Public  Senior Citizen  Minor  Staff  HUF  Society  Trust  Club / Asso  
 Proprietorship  Partnership  Pvt. Ltd.  Public Ltd.  Others \_\_\_\_\_

\*Deposit : ₹ \_\_\_\_\_  Cash  Cheque  Transfer From A/c. No. \_\_\_\_\_

\*Type of Deposit :  F.D.  R.B.D.  M.R.D. <Special Scheme> \_\_\_\_\_

\*Period : \_\_\_\_\_  Days  Months  Years \*Interest Payment :  Monthly  Quarterly

\*Effective Date : \_\_\_\_\_ \*Mode :  Account Transfer  NACH / NEFT / RTGS  Pay Order

\*Interest Rate : \_\_\_\_\_  15H / 15G (In case a person is above 60 age, 15H is applicable)

(If applicable 15H and 15G forms are required to be submitted by the customer at the beginning at each financial year during continuation of FD else the TDS will be deducted as per I.T. Act.)

Details of authorised Account for transfer of interest  Installment of Monthly Recurring Deposit

Type:  SB  Current  \_\_\_\_\_ A/c No. \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ S.I. Date: \_\_\_\_\_

In case of Interest payment by E.C.S. 9 Digit MICR Code \_\_\_\_\_ IFSC Code \_\_\_\_\_

A/c Holder Type	*CIF No.	*Name
1st Account Holder		
2nd Account Holder		
3rd Account Holder		
4th Account Holder		

(For Nomination, please fill Nomination Form No. DA-1 as per overleaf)

\*Premature repayment of Term/Fixed Deposit with "Either or Survivor" or "Former or Survivor" Mandate - Required  Not Required

We the undersigned joint holders of above Term/ Fixed accounts, permit the Greater Bombay Co-operative Bank Ltd, to allow premature withdrawal of deposits by one of the joint depositors on the death of the other.

Please tick appropriate box

### Auto renewal instructions :

- (i) On maturity, renew the deposit for a further period of \_\_\_\_\_ months(s)/years(s) at the rate of interest prevailing on the maturity date.
- (ii) Unless you receive from me/us a demand for payment of instructions for maturity proceeds on or before the date of maturity, please renew the deposit for the same period as that of the matured period at the rate of interest prevailing on the maturity date.
- (iii) On Maturity please credit the Principal & Interest to my/our Savings / Current Ac. No. \_\_\_\_\_ with Greater Bombay Co-operative Bank Ltd. \_\_\_\_\_ Branch

### \*Mode of Operation

Self  Either or Survivor  Former or Survivor  Any \_\_\_\_\_ Jointly  All Jointly  Anyone or Survivor

Special Instructions \_\_\_\_\_

Contact Details : Tel.: \_\_\_\_\_ Email ID.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Signature of Depositor(s) :

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

- Note : 1) To record NACH / NEFT / RTGS instruction kindly produce cancelled cheque or photocopy of the cheque.
- 2) For Senior Citizen duly self attested documentary proof of Date of Birth should be attached.

### Only for Branch Use

Signature verified & approved by : \_\_\_\_\_ IDF A/c Ref. No. SYS- \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Employee No. \_\_\_\_\_



\_\_\_\_\_ Branch Official

### Only for use of Centralized Processing Office

Term Deposit A/c. No. \_\_\_\_\_

Input by - \_\_\_\_\_  
(Signature & Employee Number)

Approved by - \_\_\_\_\_  
(Signature & Employee Number)

Date : \_\_\_\_\_



# The Greater Bombay Co-Operative Bank Ltd.

(Scheduled Bank)

Premises 1, Gr. Floor, & Premises 105, 1st Floor, Churchgate Chambers, 5, New Marine Lines,  
Sir Vithaldas Thackersey Marg, Churchgate (E), Mumbai - 400 020.

## Nomination Form DA - 1

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

I/ We, the undersigned Depositors, nominate the following person to whom in the event of my / our death, the amount of Deposit in this Account be returned by The Greater Bombay Co-operative Bank Limited, \_\_\_\_\_ Branch.

CIF Number	Name and address of the Nominee	Age / D.O.B.	Relationship with Depositor

As the Nominee is a minor on this date, I / We appoint the following person as Guardian to receive the amount of deposit on behalf of the Nominee in the event of my / our death, till the time the Nominee attains the age of majority as per law for the time being in force.

CIF Number	Name and address of the Guardian	Signature of the Guardian

In witness whereof, I / We have signed hereunder at \_\_\_\_\_ on \_\_\_\_\_

Account Number	Name	Signature of the Depositor / s

1. Where deposit is made in the name of a minor, nomination should be signed by a person lawfully entitled to act on behalf of the minor.
2. Thumb impressions shall be attested by two witnesses.

Name & Address of Witness - 1 : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of witness & Date

Name & Address of Witness - 2 : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of witness & Date