



**THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LIMITED**

**HEAD OFFICE / ..... BRANCH**

**TERM DEPOSIT APPLICATION**

**NATURE OF DEPOSIT**

<b>FD</b>		<b>RD</b>		<b>Other Deposit</b>	
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**NAME & ADDRESS**

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**A/C TYPE**

<b>SINGLE</b>	<b>E OR S</b>	<b>JOINT</b>
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**SB A/C NO**

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**CIF NO**

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**DEPOSIT No.**

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**DEPOSIT AMOUNT**

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**PERIOD**

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**RATE OF INT**

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**PAN CARD NO**

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**NAME OF THE NOMINEE**

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**AUTO RENEWAL**

<b>PRINCIPAL ONLY</b>	<b>PRINCIPAL + INTREST</b>

**INTEREST FREQUACE**

<b>MONTHLY</b>	<b>QUARTEARLY</b>	<b>ON MATURITY</b>
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**Signature of Depositor**

**THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LIMITED**

**HEAD OFFICE / ..... BRANCH**

Nomination accepted and Registered vide Regn. No ..... Date .....  
Acknowledgment issued to the Account Holder

For the Nilgiris District Central Coop. Bank Ltd.,

FD No.

Place :

Date :

Asst. Manager

Manager

**NOMINATION FORM**

**NOMINATION (NOMINATION form DA 1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect Bank Deposit,**

**I/We nominate the following person to whom in the event of my/our/ minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru. / Tmt..... to receive the amount of deposit in the account on behalf of the nominee in event of my / our minor's death during the minority of the nominee.**

**Name and Address of the Nominee .....**

**Nominee's Relationship with depositor :..... Age: .....**

**If nominee is minor, date of birth: .....**

**(Signature of Depositor )**

**Nomination received and Registered No ..... Date .....**

**(Authorised Officer)**