



PROGRESSIVE MERCANTILE CO-OP. BANK LTD.

Progressive Bank Bhavan,
670/1, Station Road AHMEDABAD-380 002.

Email: info@pmcobank.com Ph.: 079-22135228, 22134749, 22136975

Branch Name : _____

FD/RD A/c. No. _____

Date : _____ / _____ / 20_____

FIXED/RECURRING DEPOSIT ACCOUNT OPENING FORM

Dear Sir,

I/We deposit cash/cheque (Cheque no.) _____ dt. _____ / _____ / _____ of _____ bank) or give a mandate to debit my SB/CA/CC No. _____ for a sum of Rs. _____

(Rupees _____)

and request you to open my/our deposit account as mentioned hereunder with your bank. Mobile : _____

Title	Full Name of Applicant	Date of Birth	Customer ID	A/C. No.

Individual Minor Sr. Citizen Staff Other _____

A. Recurring Deposit A/c. : Monthly installment Rs. _____ Period : _____ Year(s) _____ Months

Standing instruction: Debit A/c No. _____ On Maturity Credit proceeds to A/c. _____

B. Fixed Deposit Progressive Deposit:

Monthly Deposit (MIS) Minimum 3 years Other

Cumulative Deposit :

Amount Rs. _____ Period of deposit : _____ Year(s) _____ Months/Days

Auto Renewal (With Interest Without Interest)

Non-Cummulative Deposit :

Amount Rs. _____ Period of deposit : _____ Year(s) _____ Months/Days

Auto Renewal (With Interest Without Interest)

Interest to be Credited: Quarterly (QIDC) to Monthly

A/c. No. _____ of _____ Branch or

through NACH: Bank Name : _____ Branch _____

A/c. Type _____ A/c. No. _____ MICR _____ IFSC _____

Mandate for Premature withdrawal in the event of death of anyone or more of the joint depositors.

We (all Joint Account Holders) hereby authorize the Bank to make premature payment of this term deposit to the surviving joint depositors, if so requested by them, without insisting on No Objection Certificate/discharge from the legal heirs/executors/successors of the deceased and any such payment made shall be valid discharge by the Bank. This mandate is being issued on our full responsibility and shall bind our successors, executors and heirs as well as shall continue to hold good for the renewal of the said deposit from time to time.

Signature of applicant/s. (1) _____	(2) _____		
(3) _____	(4) _____		
Mode of Operation :			
<input type="checkbox"/> Self	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly by All	<input type="checkbox"/> Anyone or Survivor
<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____	

* Deposits up to Rs. 5 Lacs in insured under insurance Cover of DICGC subject to corporation's rules.

Recurring Deposits - Terms & Conditions

(1) Any resident Indian national competent to contract can singly or jointly open RD A/c by providing KYC documents & Pass Port size Photographs. (2) The guardian can also open A/c under his/her guardianship. (3) The minimum amount of monthly instalment shall be of Rs. 100/- with a minimum duration of 12 months. (4) The maximum period of RD A/c shall not exceed 36 months. (5) Nomination facility is available in RD A/c. (6) Monthly instalment shall have to be deposited during the month, however payment on maturity will be made after one month from the date of payment of last instalment or completion of contract period whichever is later. (7) RD A/c holder shall be provided with statement of A/c./Passbook. (8) Penalty for delayed deposit of RD instalments shall be charged at Rs 1.50 for every Rs 100 or part thereof per month. The fraction of month shall be treated as full month for calculating penalty. Instalment paid during the course of the calendar month in which it is due shall be deemed as payment made in time. (9) The penalty leviable on delayed instalments will be set off against payment of equal number of advance instalments. (10) Premature withdrawal of RD after 12 months from the date of opening a/c shall attract penal interest at an appropriate rate i.e for the period for which it has actually remained with the bank and interest rate so prevailing at the time of opening RD a/c less 0.5% penalty with quarterly rests on compounded basis for completed quarters and simple rate for incomplete quarter. However, if the duration is less than one year from the date of opening RD a/c till its date of demand for premature payment, interest at savings Bank a/cs rate shall be paid. (11) In case of discontinuance of payment of RD instalments after certain period and claiming proceeds on maturity, interest shall be calculated on compounded basis at the contracted rate without penalty. (12) Premature withdrawal of RD with an intention to reinvest for a period longer than an unexpired period of old contract shall not attract penalty but interest shall be paid at the rate prevailing on the date of opening RD a/c considering the fact that the period for which it has remained with the Bank. (13) Interest paid on this deposit will be subject to TDS as per CBDT rules/Income tax Act, unless form 15G/15 H is submitted.

I/We have read & understood the terms & conditions and agree to be bound by it. Information submitted above is true & correct to the best of my/our knowledge.

Signature of the applicant/s (1) _____ (2) _____
 (3) _____ (4) _____

Term Deposits - Terms & Conditions

(1) Fixed deposit certificate must be surrendered duly discharged as per original mandate, at the time of payment on maturity/renewal of deposit/before maturity payment. (2) At the sole discretion of the bank payment before maturity/loan or OD against deposits/closure/transfer of a/c may be allowed as per mode of payment indicated as above. (3) In the event of the death of the depositor, premature withdrawal of term deposit is permitted without penal charges. Interest will be paid at applicable rate at the time of deposit kept for the actual period of deposit remained with bank. (4) Loan/Overdraft against this deposit is available as per bank's policy and subject to RBI directives from time to time. (5) Interest is on quarterly rest basis. For monthly income deposit certificate, interest is at discounted rate. (6) For deposits under auto renewal option, bank will renew deposits automatically for similar terms at prevailing interest rates on due date, if not instructed otherwise before due date. (7) Interest paid on this deposit will be subject to TDS as per CBDT rules/Income tax Act, unless form 15G/15 H is submitted. (8) In the event of death of anyone or more of the joint depositors, the surviving depositors shall be with their rights to request the bank for premature payment of the said deposit without are submitted at the time of opening of deposit account or any time during the currency of the deposit. (9) Premature withdrawal of Term Deposits will attract penalty as decided by Bank from time to time.

Signature of the applicant/s (1) _____ (2) _____
 (3) _____ (4) _____

Minor Declaration:

Guardian CIFID: _____ CKYC No. : _____
 Type of Guardians: Father Mother Court Appointed (Enclose copy of court order)

Full name of guardian: Mr./Ms. _____

I hereby declare that the date of birth of the minor who is my _____
 and I am his/her natural and lawful guardian/guardian appointed by court order dated ____ / ____ / ____ (copy enclosed). I shall represented the said minor in all future transactions of any description in the above account until the said minor attains majority.
 I indemnify the bank against the claim of the above minor for any withdrawl/transactions made by me in his/her account.

Date: ____ / ____ / ____ _____
 Signature of Guardian

Nomination Details FORMDA1

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rules 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 by Progressive Mercantile Co-op. Bank Ltd.
 _____ branch.

NOMINEE				
Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/her Date of Birth

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

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.
 I/we do not wish to make a nomination. A/c No. : _____
 Name (s), address and signature (s) of two witnesses Signature (s) Thumb Impressions (s) Depositor (s)
 (If thumb impression obtained) •
 (1) •
 (2) •
 Place _____ Date : _____

FOR OFFICE USE	
A/c. Opened and Sign. Verified by	Approved by
Sign. _____ Date : ____ / ____ / 20	Sign. _____ Date : ____ / ____ / 20