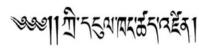


Account Number

ACCOUNT OPENING FORM



Please fill the form in CAPITAL LETTERS only. All fields marked * are COMPULSORY TRANK LIMITED

Customer ID	I DANK LIMITED
PRODUCT CHOICE (Tick appropriate check box)	
The Manager, T. Bank Ltd, I/We Mr/Mrs/Miss	would like to avail the following products from your bank.
Savings Account Current Account	Term Deposit Recurring Deposit
MODE OF OPERATION	
Single Jointly Either or Survivor	
CUSTOMER INSTRUCTIONS FOR FIXED DEPOSITS	
Initial Deposit Details : Nu./INR	(amount in words) Cash Cheque Transfer
Cheque No Draw	vn on Amount in figures
Term Deposit TenureYears Months	Days Interest RateValue Date
Frequency of Interest Redemption	
Auto Renewal Redeem interest Quarterly	Credit Account No
Renew with Principal Renew Principal only	Redeem interest on Maturity
CUSTOMER INSTRUCTIONS FOR RECURRING DEPOSITS	
Installment Amount	(Amt in words) Interest Rate
Tenure YearsMonths Days	Mode of Installment Payment Manual Paymnent Auto Payment
MINOR NOMINATION	
I/ We nominate the following person to whom in the event of my/ our/ minor's death, the deposited amount in this account which is being opened, be returned by	
Date of Birth (Mandatory in case of minor)	Name of the minor
Relationship with the depositor	Relationship details provided Yes No
* As the nominee is a minor on this date, I/ We appoint Guardian's Address	
Name of witness 1	Name of witness 2
Signature**	Signature**
Address —	Address
Place Date	Pale -
* when the deposit is made in the name of a minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor. ** Thumb impressions shall be attested by two witnesses	
SIGNATURES, PHOTOGRAPHS AND ACCEPTANCE	
Name	Name
Please paste your passport size	Please paste your
photograph with	passport size photograph with
signature across Signature/Thumb Impress	signature across Signature/Thumb Impression
FOR BANK USE ONLY	
Sourced by Approved by	