



Branch.....

TO,
The Manager,
TGMC Bank Ltd.,

Deposit Opening Form

Space
For
Photo

Space
For
Photo

Senior Citizen Yes No (Proof of Age to be furnished)

Customer ID

Membership No

Account No

Nature of Account

Fixed Deposit Mangala Cash Certificate Cumulative (CTD)

CONSTITUTION

Individual Joint Account Proprietorship Partnership Trust Private Limited Co
Public Limited Co. Co - Operative society Others

I/We being Indian National/s and resident/s of India request you to open Deposit Account in my/our name/s, in accordance with the Rules of the Bank, on the following terms and conditions and issue me/us a Deposit Receipt/Pass Book.

I/We request you to renew the Subject deposit on maturity along with/ without interest accrued at the prevailing rate of interest at the time of such renewal, on the same conditions of repayment and interest payment. This instruction shall hold good until revoked in writing by me / us.

In the event of death of any of the joint depositors prior to maturity of deposit the Bank will at the request of the surviving depositors be at liberty though not bound at its absolute discretion to pay interest for the remaining period, to repay the deposit before maturity or to grant an advance against the security thereof to any one or more of the surviving depositor/s, on such terms as the Bank may decide and to add/delete/substitute any name therein.

The discharge given by such surviving depositor(s) any one of the surviving depositor(s) shall give the Bank a valid discharge. The Rules of Business have been read by me/us and or explained to me/us. I/We have understood and agreed to be bound by the Bank's Rules and Regulations governing such accounts from time to time.

Amount Deposit/Monthly Installment Rs. In Words ( Rupees)

Customer Information

1. Mr./Ms./M/s.

Date Of Birth

PAN No. Form 60

S/o, D/o, W/o

Address

City Pin

Designation

Tel Mob

2. Mr./Ms./M/s.

3. Mr./Ms./M/s.

K Y C Norms Complied Yes No

Period Of deposit

Days

Months

Years

Rate of Interest

STANDING INSTRUCTIONS

Pay Periodical Interest on Deposit Monthly Quarterly Half Yearly Yearly

Credit to Account No. with you or Demand Draft / Bankers Cheque Bank Name & Branch. SB CA

For Cumulative Deposit/Term Deposit Debit My Account No

Terms of Payment Tick any one

Single Either or Survivors Former or Survivor Later or Survivor

Signature of the Depositors

(Depositor/s to sign before Bank Officer)

Specimen Signatures

1.

1.

2.

2.

1.

2.

3.

1.

2.

MINOR ACCOUNTS

Minor's Date Of Birth

Name & Address of the Guardian

Relationship: Mother Father Any Other Specify

\* Copy of Birth Certificate should be enclosed

Signature of the Guardian

Corporate Head Office

Opp. Government Polytechnic, B. H. Road, TUMKUR - 572 103

