



# Sampada Sahakari Bank LTD., Pune

ACCOUNT OPENING FORM  
(For Saving & Term Deposits Only)

Branch : \_\_\_\_\_

Date :

CUSTOMER NO.

Product Code No.

Account No.

Type of Deposit : \_\_\_\_\_ Period : Years \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Rate of Interest \_\_\_\_\_ % p. a.

Interest : Monthly / Quarterly / Half yearly / Yearly \_\_\_\_\_

Rs. (In Words) \_\_\_\_\_

Rs.

NAME(S) AND ADDRESS/ES OF DEPOSITORS(S) IN FULL :

1) \_\_\_\_\_ Address : \_\_\_\_\_

2) \_\_\_\_\_ Address : \_\_\_\_\_

3) \_\_\_\_\_ Address : \_\_\_\_\_

Account Operation by : Single/ Jointly / Either or Survivor / Former or Survivor / Any Specific \_\_\_\_\_

Interest on Deposit to be credited to SB/CA A/c. No. \_\_\_\_\_ or Cash/ECS. If ECS give details -

Bank & Branch Name : \_\_\_\_\_ A/c No. \_\_\_\_\_

Address \_\_\_\_\_

For ECS 9 digit MICR Code

IFSC Code

\* About TDS : Deduct/ 15G/ 15H/ Membership No.

PAN

\* Instructions for deduction of R. D. Installment : Debit SB/CA/CC A/c. No. \_\_\_\_\_ Rs. \_\_\_\_\_ For \_\_\_\_\_ Months

I/We wish to open a Deposit A/c with your Bank. I/We have read and understood the rules governing said Deposit Scheme and agree to be bound by the said rules as amended from time to time.

### DECLARATION

We jointly permit Bank to allow premature withdrawal of the fixed deposit account, by surviving joint depositor/s on the death of other if the operational instruction for the deposit is "Either or Survivor" or "Former or Survivor".

I/We hereby authorise the Bank to automatically renew the deposit with/without accrued interest for the same period on the maturity date at prevailing rate of interest, unless otherwise informed by me/us in writing before the maturity of the deposit.

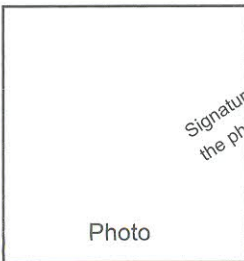
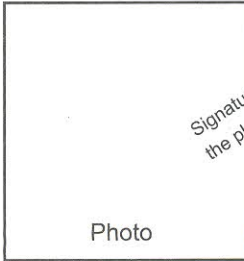
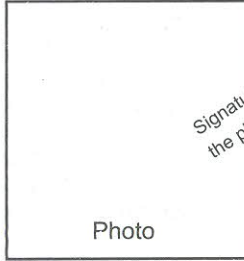
On completion of the term of automatic renewal and in the absence of specific instructions from the customer thereafter, interest will be paid at the applicable savings bank rate. In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit or renew it for the period shorter than the remaining period of the contract, the bank will charge penal interest.

\* First Cheque Book request  Yes  No (Minimum Balance required for cheque book as applicable)

Please issue me/us new cheque book for my/our account operation. Issued Cheque Book Sr. No. \_\_\_\_\_ to \_\_\_\_\_

**Linking of Aadhar Card Number to Account:** I/We am /are requested to link my/our Aadhar Card Number to my Saving Bank

Account. My/Our Aadhar Card Number is \_\_\_\_\_

 Signature across the photo Photo	 Signature across the photo Photo	 Signature across the photo Photo
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Specimen signature First Holder

Specimen signature Second Holder

Specimen signature Third Holder

L. H. Thumb impression of Mr. / Mrs \_\_\_\_\_

Thumb impression attested by \_\_\_\_\_