

I / We agree to comply with and be bound by the Bank's Rules for the time being in force for the conduct of such account. I / We authorize the bank to collect bills, cheques, etc. for and on behalf of me/ us and undertake to abide by and be bound by the Terms and conditions in this behalf.

Spl. Instructions for Term Deposits: "In the event of death of any of the joint depositors prior to maturity of the deposit, the bank will be, at the request of the surviving depositor or all surviving depositors at liberty though not bound and at its absolute discretion to add/delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the bank."

Please affix a photograph with Signature Across

Specimen Signature

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Specimen Signature

Nomination Form DA 1

Nomination under Sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

I/ We _____

[Name(s) & Address(es)]

nominate the following person to whom in the event of my/our minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by THE RAIGAD DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

_____ Branch

Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his date of birth

*As the nominee is a minor on this date, I/ we appoint _____ (Name, Address & Age)

to receive the amount of the deposit in the Account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place: _____

Date:

** Signature(s) #Thumb impression(s) of Depositors

Signature of witness No. 1 _____ Signature of witness No. 2 _____
 Name(s): _____ Name(s): _____
 Address(es): _____ Address(es): _____

****Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. #Thumb impressions shall be attested by two witnesses.**

Nomination Registration No.: _____

Date:

Signature & code no. of Branch Official _____

Signature of Account Holder _____
 Acknowledgement of nomination received on _____

Terms and conditions regarding collection of cheques / bills & other instruments.
 The Bank at its option but at the risk & responsibility of the account holder may
 1. Collect proceeds of the instruments lodged by the Account holder from time to time.
 2. Appoint an agent/s to collect the proceeds of the instruments lodged by the Account holder and as such agent's appointed shall be the agent/s of the Account holder to collect such instruments.
 3. Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts/ Cheques or any other mandate in lieu of cash.
 4. Take action/ steps as deemed necessary to have proceeds of the instruments lodged.
 5. The Bank is hereby empowered to recover the various charges, if any by debiting the same to the Account holder.

Asset Ownership

Consumer Durable Ownership: Computer Microwave LCD Television
 Digital Camera DVD Player Home Theatre System
 Projection Television Airconditioner
Vehicle Ownership: Car Two wheeler None Both
Car Model & Make: _____
The house you currently live in: Rented Ownership
 Company provided Purchased against a Loan

Types of Loans	Loan facilities whether availed	Number of years since you last availed the loan	In the next 6 month do you intend availing any of these loans?
1. Car	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Housing	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Consumer Durable/ PC	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Business	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Loan against shares	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Insurance Policy	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Travel Abroad	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Educational Loan	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

How you came to know about us? _____

Any other information you wish to share with your Bank _____

You may send promotional material - Yes No

I affirm that, information furnished herein above is true and authentic to the best of my knowledge.

Date :

Documents Required

- 1) Photo
- 2) Pan Card (True Copy)
- 3) Ration Card (True copy) or
- 4) Passport (True copy) or
- 5) Election Commission Card true copy

Signature