



COASTAL LOCAL AREA BANK LTD.

(A COMMERCIAL BANK)

Door No. 59-14-2A, 3rd Floor, Santhi Plaza, Ring Road, Gayatrinagar,
Near Benz Circle, Vijayawada - 520 008.

Ph. : 0866 - 2494425, 26 ; Cell : 99595 88688, Fax : 0866-2494423

Account No.

Branch Code :

Branch Name

Term Deposit Account Opening Form for Indian Residents

The Branch Manager
Coastal Local Area Bank

Date _____

Branch _____

Please open my / our Term Deposit account/s with deposit of Rs. _____
(In words Rs. _____) in Cash / by Cheque

Cheque No. _____ Dated _____ Bank and Branch Name _____
(Cheque must be a crossed Account Payee self cheque drawn by the customer)

Names of the Applicants / Joint Holders (Block Letters)

(Please leave one space blank after each word. In case of Minor's account, please write parent's / legal guardian's name below the minor's name)

Appl.	Title	First Name	Middle Name	Surname
1.	Mr./Mrs.			
2.	Mr./Mrs.			
3.	Mr./Mrs.			

(Please give below the existing account details, if any, for each of the applicants)

Appl.	Customer Number	Account Number	Branch Name	Banking Since Date dd/mm/yy
1.				
2.				
3.				

(Each of the Individual applicants, who do not have existing account with our bank, must fill in the Customer Information Sheet separately along with the account opening form)

Please tick and fill in details, wherever applicable

Type of Account required					
Type of Deposit	Amount / Monthly Installment (RD)	Rate of Interest	Tenure	Maturity Date	Deposit Receipt No. (Bank use only)
STD /					
MIDS / QIDS /					
Kanakavarshsa Deposit					
Recurring Deposit					

Other Deposit Scheme : PAN No :

BALANCE / MATURITY PROCEEDS PAYABLE TO -

Self Either or Survivor Former or Survivor Anyone or Survivor Jointly to all Any other (Specify)
"We accept that in the event of the death of any one of us, premature termination of term deposit would be allowed, if so requested by the survivor, without insisting for the concurrence of the legal heirs of the deceased"

Interest payment Instructions (Please tick and fill in details, wherever applicable)

Issue DD / Pay Order favoring A/c No. _____ with _____ Bank _____ Br.

Credit to account No. _____ with _____ Branch

By cash (Subject to guidelines)

Whether to apply TDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please fill in form 15G / 15 H
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**Payment / Renewal Instructions on maturity of deposit
(Please tick on appropriate clause)**

- Please credit the proceeds to my / our SB/CA/CC account number _____
- Please auto rollover the proceeds (Principal with interest) on existing terms and conditions but at prevailing interest rate as on the date of maturity.
- Please renew the deposit on maturity as follows :
 - a. Amount Rs. _____ b. Period _____
 - c. Additional name if any _____
 - d. Scheme : CDR / FDR / MIDS / QIDS / MIXIE / any other _____
- Please credit / debit my/our SB/CA/CC account No. _____ being the difference amount between the maturity proceeds and renewed deposit amount.
- I / We accept that in the event of the death of any one or all of us, premature termination of term deposits would be allowed, if so requested by the nominee / claimants, without any penal charges.

Authorisation and Undertaking by applicants

I / We confirm that we have read and understood the account Rules and I/We hereby accept and agree to be bound by the terms and conditions, outlined in these rules which govern the above selected account(s) and services and amendment; there to made by the Bank from time to time.

In the event of death, insolvency or withdrawal of any one or more of us the monies then and thereafter standing at the credit of the said account and / or any securities held by you in our account be at the disposal of the survivor or survivors of us.

I / We confirm that I am / We are resident of India and I / we certify that the information furnished above is true and correct to the best of my/our knowledge. I/We authorize the bank to verify the details given therein through any third party as necessary.

Affix recent Photo of 1st applicant	Affix recent Photo of 2nd joint applicant	Affix recent Photo of 3rd joint applicant
_____ Signature of 1st Applicant	_____ Signature of 2nd Applicant	_____ Signature of 3rd Applicant

*(Please sign in black ink inside the blocks provided above. Applicants should also sign across photographs)
* (If photo already submitted for any other Account, such customers need not submit photo again)*

Details of Renewal

Date of Renewal	Amount	Period	Rate of Interest	Maturity Value	Initial of Authorised official

Signature of Authorised affinal

**Annexure 1
Nomination :**

(Nomination form DA 1)

Nomination Registration No. : on Page No. : Dated : / /

Nomination under Sec 45 ZA of the Banking Regulation Act, 1949 and rule 2 (I) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I/We _____

(Name/s & Address/es of all depositors)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars where are given below, may be returned by Coastal Local Area Bank _____ Branch

Nature of Deposit	Distinguishing No.	Additional details, if any	Name & Address of Nominee

Relationship with Depositors, if any	Age	If nominee is minor, Date of Birth

(In case the nominee is minor, give the name of the appointee)

As nominee is minor on this date I/We appoint _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Signature(s) / thumb impressions of all Depositors(s)

Place : _____

Date : / /

Name and address of witness 1 _____ _____	Name and address of witness 2 _____ _____
Signature of Witness 1 <input type="text"/>	Signature of Witness 2 <input type="text"/>

Important instructions :

- ★ Where deposit is made in the name of a minor, the nomination should "be assigned by natural/ legal guardian entitled to act on behalf of the minor.
- ★ One witness required for signature/s of depositor/s
- ★ Two witnesses required to attest thumb impressions, if any, of any of the depositor/s

ACKNOWLEDGEMENT

Received on _____ nomination form DA1 from _____

for making nomination in respect of Name/s of Deposit Holder/s _____

Deposit Account number

Date : / /

Signature of Authorised Official with Signature Code

Nomination Registration No. _____ on Page No. _____ Date : / /

Annexure 2 : Form 60 / 61 for customers who do not have PAN

FORM No. 60

Form of Declaration to be filled by a person who does not have PAN / GIR No. and who makes payment in cash in respect of transaction specified in Clauses (a) to (h) of IT rule 114B.

- 1. Full name and address of the Declarant
- 2. Particulars of Transaction
- 3. Amount of the Transaction Rs.
- 4. Are you assessed to Tax ? Yes/ No.
- 5. If Yes,
 - (i) Details of Ward / Circle / Range where the last return of income was filed
 - (ii) Reasons for not having PAN / GIR No.
- 6. Details of the document being produced in support of address in column No.1

VERIFICATION

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the day of 201..... at.....

Date

Place

Signature of the Declarant

FORM No.61

Form of Declaration to be filled by a person who does not have PAN/GIR No. and who makes payment in cash in respect of transaction specified in Clauses (a) to (h) of IT Rule 114B

- 1. Full name and address of the declarant
- 2. Particulars of transaction
- 3. Details of documents being produced in support of address in column No.1 _____ Yes / No
Please refer to account No. _____

Verification

I do hereby declare that my source of income is from Agriculture and I am not required to pay Income tax on any of other income if any. (a) to (h) of rule 114B

Date

Place

Signature of the Declarant