

**FIXED DEPOSIT APPLICATION**

Place:.....

Date :.....

To

**OKKAL SERVICE CO-OPERATIVE BANK LTD. No. 2181  
OKKAL P.O**

Dear Sir,

Please Receive the sum of Rupees.....  
As a FIXED DEPOSIT REPAYABLE ..... Months after date  
bearing interest at the rate of..... percent per annum as per your  
Rules and issue a receipt in the name of.....  
.....  
.....

**SPECIAL CONDITIONS**

Auto Renewal : Yes/No. Standing Instruction M/Q/Y

Yours Faithfully  
Name & Signature

SB A/c No:

**SPECIMEN SIGNATURES**

1).....2).....3).....

If the deposit is in more than one name please say if it is a joint or either or survivor deposit.

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**OFFICE NOTE**

FD No:

Amount Rs.

Date of Maturity

Date of Closing.....

Secretary / Acct.

Section Clerk

## FORM DA I

Nomination under section 45 ZA read with Section 56 of the Banking regulation Act 1949 and Rule 2(1) of the Co- Operative Banks (Nomination) Rules, 1985 in respect of the Bank Deposits.

I/We

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit particulars where of are given below, may be returned by the OKKAL SERVICE CO-OPERATIVE BANK LTD. NO 2181, OKKAL P.O.

Nature of Deposit		Nominee			
Distinguishing No	Additional details, if any	Name and address	Relationship with deposit or if any	Age	If nominee is a minor his/her date of birth

\*2 As the nominee is a minor on this date I/We appoint Sri/Smt/Kum

to receive the amount of the deposit on behalf of the nominee in the event of My/ Our/Minor's death during the minority of the nominee.

Place

\*\* Signature (S) Thumb Impression (S)  
**of the Depositor**

Date:

Name (S) Signature (S) and  
address(es)of witness(es) @

\* Strick out if nominee is not a minor

\*\*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

@ Thumb impression (S) shall be attended by two witness