



# STATE BANK OF INDIA

## BRANCH

### TERM DEPOSIT ACCOUNT OPENING FORM

A/c No.

To be used for existing A/c holders

Date

I /We /am /are already having SB/CA No.....with you. I/We wish to open a term deposit account with you in my/our names as detailed below :-

Name of Deposit	TD	STD	Thrift	Unit	Others
Amount/Instalment	Rs.				
Period	.....Years.....Months.....Days				

Full Name		Account No./CIF										Address			
	A/c No.											Door No.	Strt No.		
	CIF											Post Off.	Dist.		
	A/c No.											State	PAN /GIR		
	CIF											Mob.	Ph:		
	A/c No.											Door No.	Strt No.		
	CIF											Post Off.	Dist.		
	A/c No.											State	PAN /GIR		
	CIF											Mob.	Ph:		

The Principal and Interest of the deposit should be held at the disposal of Self ☐ E/S ☐ F/S ☐ Any one of us/S ☐ Jointly ☐ Any other ☐ The Bank may, on receipt of a written application from Shri/Smt.....the former/the latter/the first named/the second names etc of us either or survivor of us/any one or survivor of survivors of us, in its absolute discretion and subject to such terms and conditions as the bank may stipulate (a) grant a loan/advances against the security of the deposit/or the deposit receipt to be issued in our joint names or (b) close/make premature payments of the proceeds of the deposit to Shri/Smt.....the former/the first named of us/the latter/either or survivor of us/the second named of us/any one of us or survivors or survivor of us (c) transfer the account to any other branch.

- ☐ 1. Please renew the deposit of the principal / Principal and interest on maturity, for the same period at the interest rate admissible in the same name and style.
- ☐ 2. Please Deduct applicable TDS on interest paid/accrued at source.
- ☐ 3. Please Do not deduct TDS-Form 15H/15G attached.
- ☐ 4. Standing instruction : (1) Credit monthly (discounted rate) quarterly/Half-yearly annually interest to SB A/c No.....
- (2) Recover and Credit to RD monthly installments from my/our SB A/c No.....

Yours faithfully,

Signature (1)

Signature (2)

Signature (3)

For Office Use : TD/STD/Thrift/.....A/c No.....Opened Under CIF No.....

We confirm that KYC norms have been complied with in respect of above customers/accounts.

Date :

Branch Manager

#### PARTICULARS OF NOMINATION FORM DA-1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I /We.....[Name(s) and address(es)] 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 State Bank of India

(Name and address of branch/office in which deposits is held)

Deposit			Nominee			
Nature	Distinguishing No.	Additional details, if any	Name and Address	Nominee is a minor, his/her date of birth	Age	Relationship with depositor, if any

As the nominee is a minor on this date, I/We appoint Shri/Kum.....(Name, address and age) 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 : .....

Date : .....

Name(s), Signature(s) and address(es) of witness(es)

1. ....

Signature(s) / thumb impression(s) of Depositors(s)

2. ....

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. Strike out if nominee is not a minor. Thumb impression(s) shall be attested by two witnesses.