

Branch _____

ADDITIONAL DEPOSIT FORM

A/c. No.	
Maturity Value	Rs.
Maturity Date	

I/We request you to issue Fixed Deposit / Recurring Deposit in my/our names as per details furnished below:

Depositor/s' SB/CD A/c. No. _____ Today's Date: _____

ACCOUNT DETAILS	Sr. No.	Customer's Name	PAN No.	Customer ID
	1.			
	2.			
	3.			

ADDITIONAL / NEW ACCOUNT DETAILS	UBN DEPOSIT ACCOUNT	FD / QFD DEPOSIT ACCOUNT	RECURRING DEPOSIT ACCOUNT
	Rs. _____	Rs. _____	Monthly Rs. _____ For _____ Months
	For _____ Months	For _____ Months/Days	Maturity Value Rs. _____
	Interest _____ %	Interest _____ % <input type="checkbox"/> Quarterly Interest Payment <input type="checkbox"/> Half Yearly Interest Payment	<input type="checkbox"/> Cash will be Deposited by the A/c. Holder every month <input type="checkbox"/> Debit my/our A/c. No. _____ Every month.

MANDATE FOR PAYMENT	<input type="checkbox"/> Jointly	<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
	<input type="checkbox"/> Surviving Depositor will be entitled to claim payment before maturity			

PAYMENT DETAILS	<input type="checkbox"/> By Cash
	<input type="checkbox"/> By Cheque No. _____ Dated _____ drawn on _____
	<input type="checkbox"/> By Transfer from Account No. _____

PAYMENT AND RENEWAL INSTRUCTIONS	1)	Credit to my.our Saving Account No. _____
	2)	I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless and otherwise informed by me/us.

AGREEMENT	I/We have read and understood the Uma Bank Co-operative Bank Ltd. Terma and Conditions. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. I/We agree that the Bank may debit my/our account for service charge as applicable from time to time.
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SIGNATURE(S)			
	1st Applicant	2nd Applicant	3rd Applicant

NOMINATION DETAILS	I/We hereby appoint Nominee for this Deposit Account, to whom , in the event of my/our/minor's death, the amount of deposit in this account, may be returned by the Bank, whose details are as under:
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Name			
Address			
Relationship		Date of Birth of Nominee, If Minor	

As nominee is minor on this date, I/We hereby 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 of Witness : Name : Address :	
	Signature(s) / Thumb Impression of Depositor(s)
	For Office Use The account is KYC compliant. Deposit be Issued
	_____ Officer _____ Accountant _____ Br. Manager