


Karur Vysya Bank
Smart way to bank
BRANCH NAME:

Term Deposit Account Opening Form

BRANCH USE:	RATE OF INT	MATURITY VALUE	ACCOUNT NUMBER	DATE (DD/MM/YYYY)
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To

The Branch Manager, KARUR VYSYA BANK Ltd.

Please open my/our sole / joint / sole proprietorship account at your _____ BRANCH.

I/we hereby agree to abide by the terms and conditions of the bank governing the deposit account to be opened.

NAME OF THE CUSTOMER	CUSTOMER ID	EXISTING ACCOUNT NUMBER
NAME OF THE JOINT ACCOUNT HOLDER 1	NAME OF THE JOINT ACCOUNT HOLDER 2	

PLEASE NOTIFY IF THERE IS ANY CHANGE OF ADDRESS / PHONE NUMBER OVER LEAF

ACCOUNT OPTIONS

FIXED DEPOSITS Deposit Period _____ Deposit Amount Rs. _____

 Fixed Deposit TTT (Reinvestmet) Other _____ (Specify)

RECURRING DEPOSIT Manimala (Recurring Deposit) - Rs. _____ pm _____ months.

 Please debit the RD instalment in my Account

I/we hereby authorize the bank to debit the RD instalment from the above mentioned account, standing in my/our account.

PAYMENT INSTRUCTIONS

For regular interest payment: Monthly Quarterly WAIVE TDS (From 15G / 15 H enclosed)

 Cash Issue Pay Order / DD Credit to account No _____

MATURITY INSTRUCTIONS

 Credit to SB/Current Account No. _____

In the absence of your instructions the Bank will automatically renew the deposit for a similar term at the interest rate prevailing at the time of renewal to safeguard you from any loss of interest.

PAYMENT DETAILS

 Cash Cheque* / DD / PO No _____

 Date _____ Bank & Branch _____

(*Cheque should be drawn payable to Karur Vysya Bank Ltd, _Customer's name, crossed account payee)

OPERATION INSTRUCTIONS

 Single Either or Survivor Former or Survivor Any one or Survivor Jointly by all

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SIGNATURE OF THE DEPOSITOR/S (PLEASE SEE OVERLEAF FOR NOMINATION FORM)

TECHNOLOGICAL SERVICES AT AFFORDABLE PRICE

CHANGE OF ADDRESS / PHONE NO IF ANY

NEW ADDRESS

NEW PHONE NUMBERS

OFFICE NUMBER

RESIDENCE NUMBER

MOBILE NUMBER

**NOMINATION FORM
DA - 1**

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULES (1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.

NOMINATION REGISTRATION NO

(Name/s and address/es of the depositor/s-) .I/We nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by THE KARUR VYSYA BANKLTD _____ in which the deposit is held.

NATURE OF DEPOSIT	DISTINGUISHING NO	ADDITIONAL DETAILS IF ANY	NAME	ADDRESS	RELATIONSHIP WITH DEPOSITOR IF ANY	DATE OF BIRTH (DD/MM/YYYY)

2.As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumm**

AGE _____

NAME/S AND ADDRESS/ES OF THE WITNESS/ES*

1. _____
2. _____

SIGNATURE/S OF THE WITNESS/ES

1. _____
2. _____

SIGNATURE(S)/THUMBIMPRESSON(S) OF THE DEPOSITOR(S)*

(Name, address & age) to receive the amount deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

*Where the deposit is made in the name of a minor, the variation of nominations should be signed by a person lawfully entitled to act on behalf of the minor. ** Strike out if the nominee is not a minor. *.
Thumb impression(s) shall be attested by two witnesses. PLACE _____ DATE _____


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**ACKNOWLEDGMENT FOR NOMINATION REGISTRATION
 (TO BE RETURNED TO THE CUSTOMER AFTER
 REGISTRATION OF NOMINATION)**

NAME AND ADDRESS OF THE DEPOSITOR		NATURE OF DEPOSIT	ACCOUNT NUMBER
NOMINATION IN FAVOUR OF	REGISTERED ON		FOR THE KARUR VYSYA BANK LTD
			MANAGER