

**BDS SOUHARDA SAHAKARI NIYAMITA**No. 383, 7th B Cross, Vinayaka Layout, Nagarabhavi 2nd Stage, Bengaluru - 72**TERM DEPOSIT ACCOUNT OPENING FORM**To,
The Manager
BDS SSN, BengaluruSenior Citizen Auto Renewal: Yes No General

I/We request you to open an account as per the details given below. I/We agree to furnish any documents requested by you & to abide by the rules of the Souharda, applicable to such deposits from time to time.

Customer ID _____ Aadhar No. _____ PAN _____

Membership No. _____ SB A/c No. _____ FD SSN CC I/We am/are depositing ₹ _____ (Rupees _____
only) and request you to open _____ deposit for _____ year/s
_____ months _____ days at _____ % interest per annum.

Please credit monthly/quarterly/yearly interest to S.B. A/c No. _____

with _____ Bank, of _____ Branch, IFSC _____

Full Name/s of the deposit holder(s) 1. _____ DOB: _____

2. _____ DOB: _____

In case of minor, he/she attains majority on (date) _____

Residential Address 1: _____

Phone Res.: _____ Mob.: _____

Residential Address 2: _____

Phone Res.: _____ Mob.: _____

The deposit is payable to a. Self b. Either or Survivor c. Former or Survivor d. Both of us Jointly or Survivor e. Natural Guardian f. We hereby give our express consent that in the case of death of anyone of the Joint Depositors, BDS SSN is permitted to make payment of the term deposit prematurely/on maturity (principal along with interest) to the surviving depositor

Nominee Name: _____ DOB: _____ Relationship: _____

As the nominee is minor on this date, I/We appoint Mr./Ms. _____

To receive the amount on my/our minor's death.

Signature of the Depositor/s:

1. _____ 2. _____ 3. _____

1. _____ 2. _____ 3. _____

Introducer A/c No. _____ Name _____ Signature: _____

(FOR OFFICE USE ONLY)Date _____ Introducer's signature verified for account opening

Account No. _____

Document Obtained:

1. _____

2. _____ Clerk's Signature Accountant/Manager's Signature