

IDUKKI DISTRICT EXCISE EMPLOYEES CO-OPERATIVE SOCIETY

Ltd; No. I - 621, THODUPUZHA EAST P.O.

SPECIMEN SIGNATURE

CUM ACCOUNT OPENING FORM



Dear Sirs,

Please open a Current / Savings / Fixed Deposit Account in my name / our name in the books of the Society for credit of which I / We hand you Rs.....I/We agree to comply with and be bound by Societie’s rules for the time being in force for the conduct of such accounts.

The account will be operated byand in the event of the decease of any of us the balance at credit of the account will be payable to the survivor or survivors of minor date of birth.....

Be good enough to furnish a Pass Book and a Cheque Book and Note My/Our signature as under:

Be good enough to issue a Fixed Deposit Receipt for Rs.....

For..... MONTHS at % per annum. Transfer Monthly / Qtly.
YEARS

interest to SB A/c No..... Yours faithfully

Full Name/s
Occupation.....
Address.....
.....

Name of Partners, Directors & Co.	Specimen Signature
.....	
.....	
.....	
.....	

Introducer’s Name A/c No.

Address.....
.....
.....

Signature

Signature/s verified & please open A/c.

Secretary

Type of A/c	Name of A/c	Name	A/c No.

Idukki District Excise Employees Co-operative Society Ltd; No. I - 621
Form No. DA 1

Nomination under Section 45ZA 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 deposit.

I/We.....
(name (s) address (es))

nominate the following person to whom in the event of my / our/minor's death the amount of the deposit particulars where of are given below may be returned by the Manakad Service Co-operative Bank Ltd.

DEPOSIT			NOMINEE			
Nature of A/c	Distinguishing No.	Additional details if any	Name and Address	Relationship with depositor if any	Age	If nominee is a minor his date of birth

#1. As the nominee is a minor on this date. I/We appoint Sri./Smt./Kumari
(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 : Signature (s) Thumb impression (s) of depositor (s)

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

* 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 witness

Form DA 3

Variation of nomination under Section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (6) of the Co-operative Banks (Nomination) Rules. 1985 in respect of the bank deposit

I/We.....
(name (s) address (s))

cancel the nomination made by / me in favour of
(name and address)

and hereby nominate the following person to whom in the event of my / our / minor's death the amount of the deposit particulars where of are

DEPOSIT			NOMINEE			
Nature of A/c	Distinguishing No.	Additional details if any	Name and Address	Relationship with depositor if any	Age	If nominee is a minor his date of birth

#1. As the nominee is a minor on this date. I/We appoint Sri./Smt./Kumari
(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 : Signature (s) Thumb impression (s) of depositor (s)

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

* 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 witness