## **Fixed/Recurring Deposit** Existing Customers - Resident Individuals/HUF (Please fill up all details in BLOCK letters)

Harit Co-Operativ

Application Date:       D       M       Y       Y       Y       Branch:       *Branch Code:       *Branch Code:																							
					L	da			1		A /= NL						1						
Lead Generator Code			Lea	d Conve	rtor Co						A/c No	0.											
Applicant(s) Details:																							
*Name of the Sole/1st Holder	r																						
CIF No.:																							
*DOB:	YYY	Y	Age:						-				Ser	nior Ci	tizen:		Yes			No			
PAN:			*Fo	orm 60/6 <sup>-</sup>	1 (If PA	N is not	available	2)			*N	Mobil	le No	9.:	1								
Name of the 2nd Holder:																							
DOB: D D M M	Y   Y   Y   Age:   Senior Citizen:   Yes   No																						
PAN:			Fo	rm 60/61	(IF PAN	l is not a	available				Ν	1obil	e No	.: 9	1								
Name of the 3rd Holder:																							
CIF No.:																							
DOB: D D M M	Y Y Y	Υ	Age:										Ser	nior Ci	tizen:		Yes		I	No			
PAN:			Fo	rm 60/61	(If PAN	l is not a	available				M	1obil	e No	.: 9	1								
Guardian's Name:																							
(In case the Applicant is a minor) Relationship with the minor: Father Mother By Court Order (If yes, please affix a copy) Others (Please specify)																							
Minor A/c operated by Guardia	Minor A/c operated by Guardian/Others																						
Minor Declaration:																							
I, hereby declare that the minor is my and I am his/her natural and legal guardian/guardian appointed by the Court vide Order dated																							
(Copy enclosed). I shall represent the said minor in all future transactions of any description in the above account untill the said minor becomes major.																							
I indemnify the Bank against the claim of the above minor for my withdrawal/transactions made by me in his/her account.																							
Date:   D   M   M   Y   Y   Y   Signature of the Guardian																							
*Mode of operation: Self Either or Survivor Anyone or Survivor																							
	Jointly t	oy All			] Oth	ers, ple	ase spe	ify															
Fixed Deposit/	Amount₹					]	Регіо	4.	1	Yrs.				onths				 					
Cumulative Fixed Deposit:	L				1		Period	· [							1			Г	_				
	Interest to be				Mon	thly				arterl					Half Y	early				Year	-ly		
	Payment of Ir Principal on N						Credit	to Ba	ndhai	n Bank	A/C N												
			Credit	to the C	ther B	ank A/o	: No.																
Branch Name IFSC: IFSC:																							
Maturity proceeds to be renewed for Days/Months/Years (Interest to be Compounded on Quarterly basis and paid on maturity for Cumulative Fixed Deposit)																							
Recurring Deposit:	Amount₹						Регіо	d:		Yrs.			м	onths									
Payment of Interest and Credit to HKC Bank A/c No.																							
F	r muipat on M	nacufficy	Credit	to the C	ther B	ank A/o	: No.																
	Branch Name Others (Pleas		)										I	FSC:									

Nomination Facility is to be Availed:	Yes (If yes, attach form DA-1 ) No							
Signature of the Sole/1st Holder	Signature of the 2nd Holder	Signature of the 3rd Holder						
*Initial Deposit Details (for FD/RD/CFD/Cash Certificate	e):							
Amount₹ Mode of Payment:	Cash Cheque Debit A/c A/c No.							
Cheque No. , Dated:								
Drawn on Bank,	Branch							
All Cheques should be crossed A/c payee and drawn payable to " <b>HKC Bank Ltd.</b> " A/c (Custome								
For Office Use I hereby certify that this Account Opening form is complete may please be set up in Core Banking System.	e in all respect. All KYC checks have beeen completed and rel	evant documents have been obtained. The account						
Type of A/c:	CFD RD,							
Rate of Interest: % p.a.								
Date: D D M M Y Y Y Y	For <b>Harit</b>	Krishi Co-Operative Bank						

Signature of the Branch Head/Asst. Branch Head with Emp. No./S.S. No.