MODEL CO-OP. BANK LTD.
[SCHEDULED BANK]

100+ YEARS Your Development Partner

Term Deposit / Recurring Deposit Account Opening Form for Existing Resident / Non-Resident Customers

Date _____/_____/_____

Branch : _____ Branch Code : _____ Account No. _____

I/We request you to open term/recurring deposit in my/our name as per the details given below.

Scheme : STD/FDR/MIP/QRIP/RD (Please mark ✓)

Full Name (in block letter)*	Existing Customer No.*	Date of birth# DD/MM/YYYY	PAN

*Mandatory fields # for benefit of senior citizen rate please submit proof of date of birth.

1. Deposit/Instalment Amount: _____ Tenure: _____ Year/s _____ Months_____Days
   Rate of Interest _____ Rupees: _____
2. Interest payout (tick one): ☐ Cumulative(Reinvestment) ☐ Monthly ☐ Quarterly.Interestpayment/Maturityproceedstobecredited to Account No. _____ with your _____Branch.
3. Maturity Instruction : ☐ Auto Renewal (No Auto Renewal for RD) ☐ Auto Closure (Credit the proceeds to A/c No _____)
   In absence of maturity instructions on or before maturity date, term deposit shall be automatically renewed at the prevailing rate of interest on the date of maturity based on auto-renewal scheme of the bank.
4. Operating Instructions (Please mark ✓ in appropriate box) * (Mandatory for Joint Accounts)

☐ Self/Single	☐ Either or Survivor	☐ Former of Survivor	☐ Anyone or Survivor/s	☐ Jointly	☐ Any Other (Pl. Specify)

5. We understand that the interest earned on Term Deposit and the maturity value is subject to TDS as per extant guidelines of Income Tax.
6. Debit Instruction:
   I/We authorise Model Bank to debit my/our SB/ Current/ OD Account Number _____
   For Fixed Deposit amount/RD monthly Instalment of Rs. _____ starting from _____

Terms and Conditions:

For Fixed deposit rules, visit our website https://www.modelbank.bank.in , Deposit section

1) Interest will be payable on monthly/quarterly basis as on last day of the month or last day of the quarter, as the case may be. In case of quarterly reinvestment plan, interest will be payable at the time of maturity. Penal interest will be levied on premature withdrawals of deposit as per extant guidelines. Please confirm from branch/refer fixed deposit rules given on bank's website,
2) Term deposits are subject to automatic renewal with effect from the date of maturity and shall be renewed for the same period as the period opted for at the time of initial deposit at the rate of interest prevailing on the date of maturity.
3) Payment of interest shall be subject to deduction of tax at source. Maturity value of the term deposit will be adjusted If Tax is deducted at source on Interest.

I/We have read and understood the bank's rules for term deposit account and agree to comply with and be bound by them as they are In force now and from time to time In force for such accounts, I/We undertake to advise the Bank In writing of any change In my/our address, in my/our constitution/partners/directors, Managing Committee/Articles of association.

Undertaking/ consent/ declaration in case of deposits in JOINT NAMES

a. The Bank on receipt of written application from all the joint depositors, in its absolute discretion and subject to such terms and conditions as Bank may stipulate, allow premature payment, grant a loan or advance against security of said joint deposit receipt.
b. In the event of death of one or more joint depositor/s, premature closure and payment of proceeds of term/recurring deposits held in 'Either or survivor' or 'Former or Survivor' or 'Anyone or Survivor' basis shall be allowed to Survivor/s on request without seeking concurrence of the Legal heirs of the deceased joint depositor/s. Such payment to Survivor/s shall give valid discharge to the Bank.

Applicant Signature	Joint Applicant 1 Signature	Joint Applicant 2 Signature	Joint Applicant 3 Signature

(I) Nomination

I/We have been explained about the benefits of availing nomination facility.

☐ I/We wish to appoint a new nominee for this deposit ☐ I/We do not wish to appoint a nominee for this deposit

Nomination under section 45ZA,45ZB and 45ZG read with Section 56 of the Banking Regulation Act, 1949 and Banking companies (Nomination) rules 2025 in respect of bank deposits

I/We _____

the undersigned, hereby nominate following individual(s) to receive the amount of the deposit(s) in respect of the particulars above mentioned in the event of my/our death,

S. No.	Name of Nominee	Address	Email/ Mobile No.	Relationship with bank customer, if any.	Age/ (DOB)	Proportion of deposit amount in % (simultaneous nomination)*	Order of priority (successive nomination)*
1							First Nominee
2							Second Nominee
3							Third Nominee
4							Fourth Nominee

*Depositor has to select either simultaneous nomination or successive nomination

(II) Guardian Details (if any nominee is a minor)/ Strike out if not applicable

S. No.	Name of Nominee	Name of Guardian	Relationship with nominee	Address of Guardian with Mob/Email ID	Age of guardian
1					
2					
3					
4					

Applicant Signature/ Thumb impression*	Joint Applicant1 Signature/ Thumb impression*	Joint Applicant2 Signature/ Thumb impression*	Joint Applicant3 Signature/ Thumb impression*

*(Thumb impression shall be attested by two witnesses)

Name of Witness 1 _____

Signature:_____

Address: _____

Place:_____ Date:_____

Name of Witness 2 _____

Signature: _____

Address: _____

Place:_____ Date:_____

(**III**)**Where the deposit is in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.**

Signature of Bank Official: _____

Approved

Branch Manager _____

Acknowledgement of Nomination

We acknowledge your Nomination relating to Term/ Recurring Deposit Account No. _____ in the name of _____ held with us.

Signature of Bank Official with seal: _____