

**FOR OPENING/RENEWAL OF TERM DEPOSIT  
FOR CUSTOMER HAVING ACCOUNT IN THE BANK**

## The Manager,

Branch Office.....

[illegible]

**1. FULL NAME, in CAPITAL Letters** (leaving a space between first, middle & last name)

**2. Customer ID No.**

[illegible]

**3. I/We request you to open/renew the following account. I/we agree to be bound by the bank's rules in force from time to time. (Tick the relevant box on right side).**

<b>TERM DEPOSIT</b> <b># Fixed Deposit (Specify)</b>		<b>* Recurring Deposit</b> Monthly Installment Rs.....  No. of installments.....@ .....		<b>Flexi-Recurring Deposit</b> Monthly core amount Rs.....  No. of installments.....@ .....	
<b>#Amount Rs..... Kindly debit Account No. .... Sign .....</b>					
<b>Period: Year.....Months.....Days..... Interest Rate: .....%</b>					
<b>* Standing instructions :</b> Kindly debit monthly instalment from account no. .... on ..... of every month					
<b>Interest payment frequency</b> (Pl. tick in the appropriate box)	<b>On maturity</b>	<b>Annually</b>	<b>Half Yearly</b>	<b>Quarterly</b>	<b>Monthly</b>
	Credit Interest to SF/CA/ CC/OD <b>Account No. ....</b> Credit maturity proceeds to SF/CA/ CC/OD <b>Account No. ....</b>				
<b>TDS DETAILS</b>	<b>TDS, if applicable: Yes/No</b>				
	<b>If no, exemption reference No. ....</b>				
	<b>If Yes, Whether Form 15 G/H* submitted : YES <input type="checkbox"/> NO <input type="checkbox"/></b>				
<b>* Form 15G for general category, 15H for Senior Citizen PAN NO.</b>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Instruction for Auto Renewal on maturity of deposit (Tick the relevant column)</b>		<b>Renew for Principal &amp; Interest</b>		<b>Renew for Principal only</b>	<b>Period for which Auto renewal required..... No. of times.....</b>

**4. MODE OF OPERATION (Tick whichever is applicable)**

Self		Either or Survivor		Former or Survivor		Any one of us or Survivor(s)		Jointly		Any Other (Specify)
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**5. NOMINATION REQUIRED:** YES ☐ NO ☐ If Yes, please fill form DA-1 (Overleaf)

Date: \_\_\_\_\_

**Customer Signature/** 1.

**Place:** \_\_\_\_\_

**Thumb Impression**      2.

### 3.

(Signature of authorized official)  
Verified by (With GBPA No. )

Branch Office.....

Dist. No.....

### FORM DA-1: NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits,

I/ We @ Name(s) : \_\_\_\_\_

R/O \_\_\_\_\_

Nominate the following person to whom in the event of my/our/ minor's death, the amount of deposit in the account may be returned by Punjab National Bank, B.O. \_\_\_\_\_

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is minor his/her Date of birth

\* As the nominee is minor on this date, I/we appoint Mr/Ms \_\_\_\_\_

Age \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ 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 depositors**

@ Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

\*Strike out if nominee is not a minor

### WITNESSES

Name & Signature of the first witnesses	Name & Signature of second witnesses
Name _____	Name _____
Signature: _____	Signature: _____
Address: _____	Address: _____
Place: _____	Place: _____
Date: _____	Date: _____
Telephone No. _____	Telephone No. _____

#Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one witness.

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### NOMINATION REGISTERED

The above mentioned nomination is registered at serial no. \_\_\_\_\_ in respect of (Type of Account.) \_\_\_\_\_ Deposit Account No. \_\_\_\_\_.

Date \_\_\_\_\_.

**For Punjab National Bank**  
**(Authorised Official)**  
**(GBPA NO. \_\_\_\_\_ )**