



**BRANCH NAME:**

**Term Deposit Account Opening Form**

BRANCH USE:	RATE OF INT	MATURITY VALUE	ACCOUNT NUMBER	DATE (DD/MM/YYYY)
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**To**  
 The Branch Manager, KARUR VYSYA BANK Ltd.  
 Please open my /our sole / joint / sole proprietorship account at your \_\_\_\_\_ BRANCH.  
 I/We hereby agree to abide by the terms and conditions of the bank governing the deposit account to be opened.

NAME OF THE CUSTOMER	CUSTOMER ID	EXISTING ACCOUNT NUMBER
NAME OF THE JOINT ACCOUNT HOLDER 1	NAME OF THE JOINT ACCOUNT HOLDER 2	

PLEASE NOTIFY IF THERE IS ANY CHANGE OF ADDRESS / PHONE NUMBER OVER LEAF

**ACCOUNT OPTIONS**

**FIXED DEPOSITS**  Deposit Period \_\_\_\_\_  Deposit Amount Rs. \_\_\_\_\_

Fixed Deposit  TTT (Reinvestment)  Other \_\_\_\_\_ (specify)

**RECURRING DEPOSIT**  Manimala (Recurring Deposit)- Rs. \_\_\_\_\_ pm \_\_\_\_\_ months.

Please debit the RD instalment in my Account \_\_\_\_\_

I/We hereby authorize the bank to debit the RD instalment from the above mentioned account, standing in my/our account.

**PAYMENT INSTRUCTIONS**

**For regular interest payment:**  Monthly  Quarterly  **WAIVES TDS (Form 15G enclosed)**

Cash  Issue Pay Order/ DD  Credit to account No \_\_\_\_\_

**PAYMENT DETAILS**

Cash  Cheque\*/ DD/ PO No \_\_\_\_\_

Date \_\_\_\_\_  Bank & Branch \_\_\_\_\_

(\*Cheque should be drawn payable to Karur Vysya Bank Ltd, \_Customer's name, crossed account payee)

**OPERATION INSTRUCTIONS**

Single  Either or Survivor  Former or Survivor  Any one or Survivor  Jointly by all

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SIGNATURE OF THE DEPOSITOR/S (PLEASE SEE OVERLEAF FOR NOMINATION FORM)

**CHANGE OF ADDRESS / PHONE NO IF ANY**

NEW ADDRESS

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NEW PHONE NO

OFFICE NO

RESIDENCE NO

MOBILE NO

**NOMINATION FORM  
DA-1**

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULES (I) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.

NOMINATION REGISTRATION NO

(Name/s and address/es of the depositor/s-) .I/We nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by THE KARUR VYSYA BANK LTD \_\_\_\_\_ in which the deposit is held.

NATURE OF DEPOSIT	DISTINGUISHING NO	ADDITIONAL DETAILS IF ANY	NAME	ADDRESS	RELATIONSHIP WITH DEPOSITOR IF ANY	DATE OF BIRTH (DD/MM/YYYY)

2.As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum\*\*

\_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME/S AND ADDRESS/ES OF THE WITNESS/ES\*

1. \_\_\_\_\_

2. \_\_\_\_\_

SIGNATURE/S OF THE WITNESS/ES

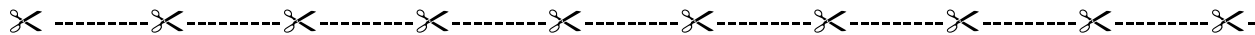
1. \_\_\_\_\_

2. \_\_\_\_\_

SIGNATURE(S)/THUMBIMPRESSION(S) OF THE DEPOSITOR(S)\*

(Name, address & age) to receive the amount of deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

\*Where the deposit is made in the name of a minor, the variation of nominations should be signed by a person lawfully entitled to act on behalf of the minor. \*\* Strike out if the nominee is not a minor. \*.  
Thumb impression(s) shall be attested by two witnesses. PLACE \_\_\_\_\_ DATE \_\_\_\_\_


**ACKNOWLEDGEMENT FOR NOMINATION REGISTRATION  
(TO BE RETURNED TO THE CUSTOMER AFTER  
REGISTRATION OF NOMINATION)**

NAME AND ADDRESS OF THE DEPOSITOR	NATURE OF DEPOSIT	ACCOUNT NUMBER
NOMINATION IN FAVOUR OF	REGISTERED ON	FOR THE KARUR VYSYA BANK LTD
		OFFICER/MANAGER