पंजाब नैशनल बैंक punjab national bank
...भरोसे का प्रतीक ! ...the name you can BANK upon !

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

The Manager,

Branch Office……..

Account No. (16 digits)																

1. FULL NAME, in CAPITAL Letters (leaving a space between first, middle & last name) **2. Customer ID No.**

i																																			
ii																																			
iii																																			

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).

TERM DEPOSIT **# Fixed Deposit (Specify)**		*** Recurring Deposit** Monthly Installment Rs…… … No. of installments……@ …….		**Flexi-Recurring Deposit** Monthly core amount Rs…… … No. of installments……@ …….	

#Amount Rs……..…… Kindly debit Account No._____ Sign _____

Period: Year……..Months……...Days…….……. Interest Rate: ……%

***Standing instructions** : Kindly debit monthly instalment from account no. ---------- on ----------of every month

Interest payment frequency (Pl. tick in the appropriate box)	**On maturity**	**Annually**	**Half Yearly**	**Quarterly**	**Monthly**	Credit Interest to SF/CA/ CC/OD **Account No.**_____ Credit maturity proceeds to SF/CA/ CC/OD Account No._____

TDS DETAILS	**TDS, if applicable: Yes/No** **If no, exemption reference No.**_____ **If Yes, Whether Form 15 G/H* submitted : YES** ☐ **NO** ☐ *** Form 15G for general category, 15H for Senior Citizen PAN NO.**

Instruction for Auto Renewal on maturity of deposit (Tick the relevant column)	Renew for Principal & Interest		Renew for Principal only		Period for which Auto renewal required..... No. of times……

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)	

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.)

PNB1177- IOP

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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.)