

**ACCOUNT OPENING FORM : FIXED/TERM DEPOSITS**

(Application-cum-Specimen Signature Card)

**NAGARIK SAMABAY BANK LTD.**

PHOTO

.....Branch

Date.....

I/We request you to open in your books an undermentioned Account

Fixed Deposit

.....  
Name of any other Deposit Scheme

For Rs. ....(Rupees.....for.....year(s) months/days

Interest payable Monthly/Quarterly/Half Yearly/on maturity

Rate of interest.....%

Maturity value.....

FULL NAME (IN BLOCK LETTERS)	SPECIMEN SIGNATURE	OCCUPATION	DATE OF BIRTH
1.			
2.			
3.			

Address (of First Depositor)

Telephone No.

Guardian's Name and  
Relationship with the  
minor

Mode of operation

By me

Jointly by us

By Guardian on  
behalf of minorBy Former  
or Survivoreither/any one  
of us or Survivor(s)

Specific instructions (if any)

I/We agree to be bound by the Bank's rules and regulations governing Fixed Deposit Account/Term Deposit Account from time to time.

Signature/s: 1.....2.....3.....

**Introduction**I certify that I know Mr./Ms.  
.....for past.....months/years and confirm his/  
her occupation and address.

Signature.....

Account No.....

Name and Address.....

**For Office Use only**

Verified Introducer's Signature.....

Official's Signature.....

Name.....

A/c. opened on.....A/c No. 

Account may be opened

Signature of authorised official.....

Designation.....

**Form DA-1**

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

\* 1 I/We .....

.....nominate the following person(s) to whom in the event of my/our minor's death the amount of deposit  
(Name and Address)

in the above account, may be returned by Nagarik Samabay Bank Ltd. .... (Name and address of branch/office in which deposit is held)

**PARTICULARS OF NOMINEE**

Name	Address	Relationship with Depositor, if any	Age	If nominee is minor his/her date of birth
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\* 2 As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.

(Name, Address and Age)

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 :

Names, signatures and address of witnesses

Signature(s) / Thumb Impression(s) @  
of depositor(s)