



Bank of Maharashtra

Bank with personal touch – One Family One Bank – Bank of Maharashtra

Account No.

Branch Name Branch Code

Term Deposit Account Opening Form for Indian Residents

The Branch Manager
Bank of Maharashtra

Date _____

_____ Branch

Please open my / our Term Deposit account/s with deposit of Rs _____
(In words Rs. _____) in Cash / by cheque
(Cheque No. _____ Dated _____ Bank and Branch Name _____)
(Cheque must be a crossed Account Payee self cheque drawn by the customer)

Names of the Applicants / Joint Holders (Block Letters)

(Please leave one space blank after each word. In case of Minor's account, please write parent's / legal guardian's name below the minor's name)

Appl.	Title	First Name	Middle Name	Surname
1				
2				
3				
4				

(Please give below the existing account details, if any, for each of the applicants)

Appl.	Customer Number	Account Number	Branch Name	Banking Since Date dd/mm/yy
1				
2				
3				
4				

(Each of the Individual applicants, who do not have existing account with our bank, must fill in the Customer Information Sheet separately along with the account opening form)

Please tick and fill in details, wherever applicable

Type of Account required			
Type of Deposit	Amount / Monthly Installment (RD))	Tenure	Deposit Receipt No. (Bank use only)
Short Term Deposit			
Fixed Deposit			
MIDS/QIDS			
Cumulative Deposit			
Recurring Deposit			
Other- _____			

Interest payment Instructions. (Please tick and fill in details, wherever applicable)

- Issue DD / Pay Order favoring A/c No. _____ with _____ Bank _____ Br.
- Credit to account No _____ with _____ Branch
- By Cash

Whether to apply TDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, please fill in form 15G / 15H
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Payment / Renewal Instructions on maturity of deposit

(Please tick on appropriate clause)

- Please credit the proceeds to my/our SB/CA/CC account number _____
- Please auto rollover the proceeds (Principal with Interest) on existing terms and conditions but at prevailing interest rate as on the date of maturity
- Please renew the deposit on maturity as follows:
 - a. Amount Rs. _____ b. Period _____
 - c. Additional name if any: _____
 - d. Scheme: CDR / FDR / MIDS / QIDS / Mixie / any other _____
- Please credit / debit my/our SB/CA/CC account number _____ being the difference amount between the maturity proceeds and renewed deposit amount.
- I / We accept that in the event of the death of any one or all of us, premature termination of term deposits would be allowed, if so requested by the nominee / claimants, without any penal charges

Authorisation and Undertaking by applicants

I / We confirm that we have read and understood the account Rules and I / We hereby accept and agree to be bound by the terms and conditions, outlined in these rules which govern the above selected account(s) and services and amendments there to made by the Bank from time to time.

In the event of death, insolvency or withdrawal of any one or more of us the monies then and thereafter standing at the credit of the said account and / or any securities held by you in our account be at the disposal of the survivor or survivors of us.

I/We confirm that I am / We are resident of India and I / we certify that the information furnished above is true and correct to the best of my/ our knowledge. I/We authorize the bank to verify the details given therein through any third party as necessary.

Affix recent photo of 1st applicant	Affix recent photo of 2nd joint applicant	Affix recent photo of 3rd joint applicant	Affix recent photo of 4th joint applicant
_____ Signature of 1st Applicant	_____ Signature of 2nd Applicant	_____ Signature of 3rd Applicant	_____ Signature of 4th Applicant

*(Please sign in black ink inside the blocks provided above. Applicants should also sign across photographs)
* (If photo already submitted for any other Account, such customers need not submit photo again)*

Note: Customer is requested to contact the branch for a copy of terms and conditions