

**BHARAT HEAVY ELECTRICALS EMPLOYEES' CO-OPERATIVE BANK LTD., No. R.1559**  
**H.O. TIRUCHIRAPALLI 620014**  
**APPLICATION FOR FIXED DEPOSIT**

Type of FD					Branch						
Renewal Of	FD No.				Due Date:						
Operating Mode	Individual	<input type="checkbox"/>	E or S	<input type="checkbox"/>	Joint A/c	<input type="checkbox"/>	Institutional	<input type="checkbox"/>	Sr.Citizen	<input type="checkbox"/>	
	Operator 1				Operator 2						
Name											
S/o D/o W/o											
P A N											
Age or D.O.B											
Staff No.				Member No.							
Address											
FD Amount	Rs.	Rupees									
Period of Deposit				Rate of Interest:			% p.a.				
Mode of Remittance				A/c No.							
Interest Option	Monthly			<input type="checkbox"/>	Quarterly			<input type="checkbox"/>	On Maturity		<input type="checkbox"/>
Interest Payment to				Bank:			Branch:				
I agree to abide by the rules of the Bank with regard to Term Deposits.				SIGNATURE OF DEPOSITOR(S)							
Date:				1.							
				2.							
INTRODUCTION											
Name											
Address											
SIGNATURE											
<b>MANDATE FOR FIXED DEPOSIT / LONG TERM CUMULATIVE INTEREST FIXED DEPOSITS EITHER OR SURVIVOR ACCOUNT HOLDERS</b>											
We hereby authorize the Bank to pay the matured proceeds of and make advances against the security of, and pay interest, on Fixed Deposit / Long Term Cumulative Interest Fixed Deposit mentioned above to Either											
(1) _____ or (2) _____											
The mandate shall continue to be in force until it is revoked by us by means of notice in writing delivered to you.											
Date:				SIGNATURE(S) 1.							
				2.							
FOR OFFICE USE ONLY						Specimen Signature(s)					
Deposit Accepted, FD / LTCIFD No..... Dated .....						1.					
Assistant _____						2.					
						Authorised Officer _____					

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**FORM D.A.I**

**[Nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of Bank deposits.]**

I / We \_\_\_\_\_ (Name and address) nominate the following person, to whom, in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below, may be returned by Bharat Heavy Electricals Employees' Co-operative Bank Limited, \_\_\_\_\_ ( name and address of the Branch / Office in which the deposit is held)

	<b>DEPOSIT DETAILS</b>
Nature of Deposit	
Distinguishing Number	
Additional details, if any	
	<b>NOMINEE DETAILS</b>
Name	
Address	
Relationship	
Age	
If Nominee is a Minor, his/her date of birth	

@ 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.

1.

Place:

Date:

2.

\*Signature(s) / Thumb impression(s) of depositor(s)

\*Where deposit is made in the name of minor, nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Strike out, if nominee is not a minor

Thumb impression shall be attested by two witnesses: