

DEPOSIT ACCOUNT OPENING FORM

FORM NO. 00101

For Bank's Use only

Customer ID No. : _____ Account No. : _____

H.O/Branch : _____ Date: _____



L.I.C EMPLOYEES' CO-OPERATIVE BANK LTD.,

Licobank Road, Udupi - 576 101, Karnataka.
(Licence No. DBOD (UBD) KA 313 P. dated 20th August 1982)
Ph: (0820) 2520826, 2534826 E-mail: licobank@gmail.com

I / We deposit ₹ _____ & request you to open deposit A/c for _____ years _____ months _____ days as under mentioned details

Photograph of
A/c HOLDER 1
For Deposit
OVER Rs.. 10,000.00

Please Sign ACROSS The Photo

Photograph of
A/c HOLDER 2/Guardian

Please Sign ACROSS The Photo

Photograph of
A/c HOLDER 3/Guardian

Please Sign ACROSS The Photo

FIXED DEPOSIT

CASH CERTIFICATE

RECURRING DEPOSIT

OTHER DEPOSIT

Please fill all details below in **CAPITAL LETTERS** only

Name	Name	Name

Permanent Address	Permanent Address	Permanent Address

Permanent & Mailing Address to be mentioned separately

Tel., : Mobile : E-mail	Tel., : Mobile : E-mail	Tel., : Mobile : E-mail
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DOB:...../...../.....PAN.....	DOB:...../...../.....PAN.....	DOB:...../...../.....PAN.....
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Customer Type : Individual Sr. Citizen M/G Others (Please specify)

MODE OF OPERATION	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor* <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Jointly by all / Survivor
	<input type="checkbox"/> Father & Natural Guardian <input type="checkbox"/> Mother & Natural Guardian <input type="checkbox"/> Father OR Mother (NG) <input type="checkbox"/> Others_____

S.I. FOR RD Please debit / recover ₹ _____ per month from my Account No./Salary _____ with _____ Branch

TDS INSTRUCTION 15H 15G Share Holders (Membership No.) _____ Deduct TDS _____

INTEREST PAYOUT	<input type="checkbox"/> Pay on Maturity <input type="checkbox"/> Pay Monthly <input type="checkbox"/> Pay Quarterly	MODE OF PAYMENT	<input type="checkbox"/> Cash <input type="checkbox"/> SB <input type="checkbox"/> NEFT <input type="checkbox"/> Ch./DD
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BANK DETAILS for payment A/c No. _____ Bank _____
Branch _____ IFSC _____

MATURITY INSTRUCTION	<input type="checkbox"/> Auto renewal with interest <input type="checkbox"/> Auto renewal without interest Please open an FD for _____ Years _____ Months from the FD proceeds	S.R. No.. _____	Branch : _____ D.O. : _____
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INTRODUCTION I/We personally know the above applicant(s) for a period of _____ months/years & confirm his/her/their identity & address(es) mentioned in the form

Not Required For Existing A/c Holders

Name of the Introducer _____
Account Type / Account No. / Customer I.D _____ Tel. No. _____ Signature of Introducer _____

*We the depositors, with the above mentioned details, confirm that in the event of death of anyone of us before due date of this term deposit, the surviving depositor shall be permitted premature withdrawal of deposit, if he/she so desires)

