

Cust. No. :

**TERM DEPOSIT**

A/c. No. :



**GP PARSIK SAHAKARI BANK LTD.**

(Multi-State Scheduled Bank)

Branch : \_\_\_\_\_ Deposit Date : \_\_\_\_\_ Due Date : \_\_\_\_\_

Please accept my Fixed / Recurring / Reinvestment Deposit of ₹ \_\_\_\_\_

Rupees \_\_\_\_\_ only

for the period \_\_\_\_\_ days/months @ \_\_\_\_\_ % P. A.

For RD No. of monthly inst. \_\_\_\_\_ Months, From Date \_\_\_\_\_ to Date \_\_\_\_\_

Full Name	Date of Birth (if Minor)	Specimen Signature
1		
2		
3		

Occupation :	<b>Operational Instructions</b> a) Self b) Either or Survivor c) Jointly or Survivor d) Guardian Shri./ Smt. _____ e) Any one of us or any one of Survivors 1. Please Credit the Int. on maturity Mon./Quart. to A/c. _____ 2. Please Debit RD Instalment to my A/c. _____ 3. On Maturity credit the amount of RD/TD to A/c. _____ 4. Any other instruction.
Resident Address:	
Mob/Ph. No. :	
PAN No. :	
Nominee :	

**"If deposit is withdrawn before maturity the interest shall be paid at 1% less than the rate applicable for the period for which the deposit remained with the Bank and not 1% less than the contracted rate".**

- Fill up Seprate Nomination form.
- Name of Nominee to be printed on FD Receipt 

Yes	No
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- Whether to renew the Term Deposit automatically on due date. 

Yes	No
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- In case of E or S /Any one operations instructions, in the event of death of any one, the deposit to be returned to the surviving holder. 

Yes	No
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Account opened on / / Officer/AM/Manager/Br. Manager Signature of Applicant

