



Tamilnad Mercantile Bank Ltd.

Customer Oriented & Committed to Excellence

Regd. Office : 57, V.E.Road, Thoothukudi-628 002 Website.www.tmb.in
(A Scheduled Commercial Bank)

Branch Name : _____
A/c Opened on : _____
Customer ID : _____
A/C No. : _____

TERM DEPOSIT ACCOUNT OPENING FORM

To, The Manager, Tamilnad Mercantile Bank Ltd., Please open a Deposit Account in the following Name:

DEPOSITORS NAME AND PERMANENT ADDRESS	

Phone: _____	

--	--

DEPOSITOR CATEGORY Minor Adult Senior Citizen

If the depositor is Minor: Date of Birth Name of Guardian:

If the depositor is a Senior citizen: Provide age proof and details

DEPOSIT SCHEME

<input type="checkbox"/> FIXED DEPOSIT	<input type="checkbox"/> MUTHUKKUVIAL	<input type="checkbox"/> PEARL	<input type="checkbox"/> TMB DOUBLE
<input type="checkbox"/> PORKKUVIAL	<input type="checkbox"/> CASH CERTIFICATE	<input type="checkbox"/> TMB TSD MALLIGAI	<input type="checkbox"/> TMB TSD MULLAI
<input type="checkbox"/> _____	<input type="checkbox"/> KIDS RD	<input type="checkbox"/> RD	<input type="checkbox"/> NMD
<input type="checkbox"/> _____			<input type="checkbox"/> _____

Deposit Amount Rs. (Rupees.....) Deposit Period: ROI :.....%

In case of RD / NMD Rs. pm months. Deposit Maturity Amount Rs.:

OPERATION INSTRUCTIONS Single Either of Survivor Former or Survivor Any one or Survivor

Jointly by all

On Maturity of Deposit: Renew principal + interest Renew principal only Do not renew Pay Cash
(if maturity value is <Rs.20000/-)

Issue Local Draft / DD. Credit to account No.

For Regular Interest Payment Monthly Quarterly Half Yearly Yearly WAIVE TDS (Form 15G/15H enclosed)
(to be submitted for every financial year along with PAN copy)

Issue Local Draft / DD. Credit to account No.

For ECS credit: A/C No. MICR code Bank

TDS Operative A/c : Do you want to receive due advice: Yes No

I / We have read and understood the rules relating to Tamilnad Mercantile Bank Ltd., Deposit Scheme and agree to comply with and be bound by them.
I / We also agree that, the Interest rate applicable for renewal of overdue deposits and for premature closure of deposits will be subject to the Bank's prevailing rules which may change from time to time. Rules and Regulations regarding this deposit have been explained to me / us.

Depositor's Name	Signature
1. _____	_____
2. _____	_____
_____	_____

For Bank Use

Existing Customer. New Customer.

Customer ID: 1.

Customer ID: 2.

Deposit A/c No.:

If New Customer please comply KYC norms.

Depositor Information: Business Profession. PAN No: Annual Income Rs.....

Marital Status: Married Single. Date of Birth:



Address Proof and Photo Identity

- Passport Voter ID Driving Licence Family Card Other Bank Pass Book
 Govt. Defence ID Card Telephone Bill Electricity Bill PAN Card
 Identity card / Document with applicant's Photo, issued by
a) Central Government / State Government and its Departments.
b) Professional bodies such as ICAI, ICWAI, ICSI & Bar Council etc., to their members.

Note to Depositor: 1) Please tick boxes as applicable 2) Submit Originals along with Photo Copies for verification. 3) Please fill up in Capital Letters.
4) For rural branches in the absence of any of the above documents, certificate from the local body/NGO/VAO/MFI will suffice for establishing identity and address of the applicant. 5) Students can submit ID Card of Colleges affiliated to Universities as identify proof.
6) If Deposit is in the name of a MINOR natural guardian (Father / Mother), or Guardian appointed by Court should produce original records for verification. 7) If TDS is not to be deducted, Form No.15G / 15H should be submitted by Depositors every year, along with PAN copy
8) If payment of interest is opted on monthly basis, it will be allowed at discounted value as per IBA code.

(If Nomination is not required, Sign here:)

I / We, at present do not want to nominate any one. I / We will contact the bank / branch if necessity arises.

Signature of Account Holder / s

NOMINATION FORM - DA1

Registration No. _____

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

I/We _____ nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account (s) mentioned below may be returned by Tamilnad Mercantile Bank Ltd., _____

NOMINEE (Only One Nominee per Deposit Account)

Nature of Account & No.	Name & address	Relationship if any	Age	If Minor** his / her date of birth	Additional details (if any)

** As the nominee is a minor as on this date, I/We appoint Mr/Mrs. _____ aged _____ Resident of _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Date:

Place

Witness (es):*** 1. _____

2. _____

***Signature(s) Thumb Impression (s) of Depositor (s)**

* When deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not a minor. ***Witness is required only for thumb impression and not for Signature.

Introduction Details: Name, A/c No., Address

Signature: _____

For Bank Use

I hereby declare that this account opening form is complete in all respects. All KYC norms are fully complied with.

Signature of officer

Name & P.A.No.

NOMINATION REGISTRATION DETAILS.

(This Portion should be given to customer after filling it.)

Nomination Registration No. _____ Dt. _____

For Tamilnad Mercantile Bank Ltd.,

If TDS is not to be deducted, Form No. 15G / 15H should be submitted by Depositors every year, along with PAN copy.

Authorised Signatory