Tamilnad Mercantile Bank Ltd

Be a step ahead of life

Regd. Office : 57, V.E.Road, Thoothukudi - 628002.
Website: www.tmb.in

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

## SIRANJEEVEE RECURRING DEPOSIT ACCOUNT OPENING FORM

**To, The Manager, Tamilnad Mercantile Bank Ltd., Please open an SRD Account in the following Name:**

### NAME & PERMANENT ADDRESS

| **Depositor** | **Insured** (Only for Joint/HUF/Firm) |
|---|---|
| | |
| | |
| | |
| Phone : | |

Gender ☐ Male ☐ Female ☐ Others  Date of Birth ☐☐ ☐☐ ☐☐☐☐  Nationality ☐ Indian / _____

Deposit Amount ₹ _____ / Month for _____ Months. Deposit Maturity Amount ₹ _____

PAN ☐☐☐☐☐☐☐☐☐☐  ☐ WAIVE TDS (Form 15G/15H enclosed) (to be submitted for every financial year along with PAN copy)

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

### STANDING INSTRUCTION

I/We hereby authorize you and execute this instructions to debit my / our account no. _____maintained with you with the sum of ₹ _____ (Rupees _____ only) on ____/____/_____of every month from ____/____/_____ and remit the same to the credit of _____ SRD/ _____)no. _____of Shri/Smt._____ with your _____branch until further instructions.
I/We further undertake to maintain sufficient balance in my/our above said account to enable you to carry out the said standing instructions on the above specified date.

Signature of Account Holder (Debit Account) _____

### 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 along with the sum insured amount 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 and sum insured amount in the account of the nominee in the event of my / our / minor's death during the minority of the nominee.**

Date :
Place :
Witness (es) :*** 1._____

*Signature(s) Thumb Impression (s) of Depositor (s)
2._____

* 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.

Conditions Apply. Insurance is the subject matter of solicitation

## CONSENT-CUM-AUTHORIZATION FOR JOINING THE SCHEME

I hereby give my consent to become a member of the Group Term Life Insurance Scheme, for a sum insured of _____ (Rupees _____ only) i.e. rounded off to Higher Rupees thousand to the Maturity Value of my/our SRD Account, proposed by THE TAMILNAD MERCANTILE BANK LIMITED as MASTER POLICY HOLDER for its members with an IRDAI APPROVED INSURANCE COMPANY under a Master Policy.

I/We furnish below the details of first applicant as required:

1.NAME :_____ 2.GENDER - MALE ☐ /FEMALE ☐ 3. NATURE OF AGE PROOF:_____

4.PARTICULARS OF OTHER ACCOUNTS HELD UNDER THIS SCHEME_____

_____

- I/we have read and understood the rules relating to Tamilnad Mercantile Bank Ltd., SRD 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.
- I/we fully understand that admission to this scheme and commencement of the coverage of risk will be only upon acceptance by the insurance company, based on the information I have furnished in the declaration of good health and medical/special medical reports submitted in this regard.
- I/we hereby agree that I/We have furnished complete details of all the accounts held by me/us under this scheme in any of the branches of TMB and I/We am / are aware that the life cover under this scheme shall be restricted to a maximum of ₹10,00,000/- [Rupees ten lakhs only] on my life, on single/or/all accounts put together.
- I/we hereby agree to abide by the variance in terms of insurance scheme / withdrawal of the scheme in future, if any, made by the TMB consequential to variance or modification of terms of contract between TMB and the insurance company and agree that the decision of the insurer is final in the matters pertaining to admission of liability and TMB will not be in any way liable for the same.
- I/we hereby authorize TMB, _____ branch, to pay a sum of _____ [rupees _____ only] annually from the interest accrued / future accruals in the SRD account no._____ as insurance premium over the period of the account.
- Further, I/We hereby authorize TMB to debit my/our above account no_____ with the appropriate annual premium as given above or as revised by the insurance company from time to time and at all times. In such event, I/we hereby agree to receive the maturity value of the deposit account after adjusting the difference in premium.
- I/we hereby agree that my membership in the scheme will remain in force as long as all premium dues are paid and until I/We continue to hold the Siranjeevee Recurring Deposit account live under this scheme and until I have attained the maximum age permissible under the scheme.
- I/we agree that in case I/We close my/our account with TMB or do not continue the Siranjeevee Recurring Deposit account, I/we will cease to be member of the group term insurance scheme immediately.
- I/we hereby agree that if for any reason whatsoever if the premium is not recovered and paid by TMB or its branch office to the insurer, no liability will be attached to the TMB and/or to the insurer and no claim will be payable in such an instance.
- I/we hereby agree to abide by the terms & conditions of the group term insurance policy and the terms & conditions of the SRD scheme.
- I hereby declare that the above statements are true in all respects and that I agree and declare that the above information along with the information furnished in the declaration of good health shall form the basis of admission to the above group term insurance scheme and that if any information is found to be untrue, and/or if any material information is withheld by me, my membership to the group term insurance scheme shall be treated as cancelled from the date of admission into the scheme and all premiums paid in respect thereof shall stand forfeited.

Verifying Official Signature :_____

Verifying Official Name :_____

Staff No. & Designation:_____

| | Depositor's Name | Signature |
|---|---|---|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

## CERTIFICATE

In case of vernacular signature or left hand thumb impression: I/we certify that I/we have read and understood the contents of the above form. I/we certify that the contents of this form have been fully explained to me/us and I/we have understood the significance of the contract. I hereby declare that I have fully explained the contents of Health Declaration Form to the life to be insured and I have truthfully recorded the answers given by the life to be insured.

Date :_____

Place :_____ [Signature or left hand thumb Impression of the account holder(s)]

I hereby declare that I have explained the contents of this form & Scheme to the account holder(s) / member (s) in_____ (Vernacular language) who affixed his/their signature / Left Hand Thumb Impression after understanding the contents.

Date :_____

Place :_____ Signature of Branch Official

## 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.**

Conditions Apply. Insurance is the subject matter of solicitation

## DECLARATION FOR PROPRIETARY CONCERN

I_____, holding account no _____ in the name of M/s_____ _____, a proprietary concern hereby declare that nobody except me has any interest in the above concern as sole proprietor / proprietrix.

_____
Signature of Sole proprietor/proprietrix

## DECLARATION FOR HUF

We hereby declare that we are the only members of the HUF called _____. We _____ and _____ all the members of the said Hindu Undivided Family hereby authorize TAMILNAD MERCANTILE BANK LIMITED, _____BRANCH to insure through an IRDAI approved Insurance Company, the life of Mr./Mrs_____ one of the HUF members among us subject to the terms and conditions of the SRD scheme and we have no objection to the proceeds of the claim paid to his/her nominee / legal heir. We hereby give consent to the Bank to close the SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.

1_____ 2_____ 3_____

4_____ 5_____ 6_____

## NOC FROM JOINT A/C. HOLDERS

I/We_____ holding A/c.No_____ Jointly with Sri / Smt _____have no objection to him / her joining the Group Insurance Scheme mentioned above and further that the proceeds of the claim be paid to his / her nominee / legal heir. I/We hereby authorize Tamilnad Mercantile Bank Ltd. to debit the premium paid to the Insurance Company to our joint SRD account. I/We hereby give consent to the Bank to close the SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.

Signature: _____ Signature: _____ Signature: _____

Name: _____ Name: _____ Name: _____

## NOC FROM PARTNERSHIP FIRM

We_____and_____, holding a/c. no_____in the name of the Partnership firm M/s_____are the only partners and we hereby authorize TAMILNAD MERCANTILE BANK LIMITED_____ BRANCH to insure through an IRDAI approved Insurance Company, the life of Mr./Mrs_____aged_____years, one of the partners among us subject to the terms and conditions of the Siranjeevee Recurring Deposit Scheme and we have no objection to the proceeds of the claim paid to his / her nominee/legal heir. I/We hereby give consent to the Bank to close SRD account once a claim is made on the death of the insured account holder under the scheme by the nominee of the deceased.

1_____ 2_____ 3_____

4_____ 5_____ 6_____

As partners of M/s_____

### Terms & Conditions

- TMB will act as Master Policy Holder for and on behalf of the members in all matters relating to the scheme
- Insurance premium for SRD scheme will be paid by TMB directly to the Insurance Company out of accrued / Future accrued Interest.
- Self declaration of good health & Simple documentary proof of age of applicant is sufficient.
- Insurance Cover is available to the optee member, provided premium has been paid by TMB in respect of the member every year to the Insurance Company
- On death of the member, the claim amount is payable to the nominee as given by the optee member in the consent letter or as certified by the Bank
- On death of the member, intimation is to be given to the branch where the member has joined the scheme, along with Original Death Certificate & other related documents within 6 months
- TMB undertakes to prefer (lodge) the claim with the Insurance Company, and if the claim is admitted , TMB will collect the claim amount for onward payment to the nominee / legal heir.
- In all matters of admission of claim, the decision of the Insurance Company will be final. TMB will not be liable for admission / non-admission of claim.
- In case of joint account holders, cover will be extended only to one account holder preferably the first named person throughout the entire cover period. In case of partnership / HUF life insurance cover will be provided to one among them authorized by all the members.
- To enroll as a member of the scheme, SRD A/c Opening form must be filled in full and signed.
- The SRD Account Opening form includes a declaration that the Account Holder is in good health and is not suffering from critical illness or condition that requires medical treatment for a critical illness.
- In case of adverse features, in the Declaration of Good Health, medical examination will be required and its cost will be borne by the Insurance Company.
- In case of dispute in the date of birth, the onus of providing the correctness of the same will rest on the member / claimant.
- No individual Policy will be issued. A suitable membership certificate will be given.
- For members joining after 23rd March, pro-rata premium will be charged up to 22nd March of the following year, since yearly coverage period is from 23rd March to 22nd March.
- The option once exercised is final.
- The Insurance Company reserves the right to change, modify or amend the rules of the scheme in consultation with TMB.
- The Insurance Company will not entertain any direct correspondence from Member / Beneficiary under the scheme
- Disputes will be entertained only under the jurisdiction of the respective courts where the authorized branch of TMB exists

**Conditions Apply. Insurance is the subject matter of solicitation**

## DECLARATION OF GOOD HEALTH

**SRD ACCOUNT NUMBER**_____

| Sl. | Please answer the following questions in Yes or No | Yes | No |
|---|---|---|---|
| 1. | Has any of your applications for life insurance ever been refused, postponed or offered with extra by Max Life insurance or any other insurance company? | | |
| 2. | Have you ever been diagnosed with or received treatment for any disability or medical condition such as to high cholesterol, blood pressure disorders, chest pain, any heart disease , raised blood sugars or diabetes, stroke, transient ischemic attack or any other cerebrovascular disease , paralysis, cancer or any tumor, , asthma or any other respiratory disease, mental or any neurological disease or disorder, any liver disease (including Hepatitis B or C), any blood disorders (including anemia), any digestive and bowel disorder, thyroid or any other endocrine disorder, kidney and urinary tract disease; prostate or gynecological disorder, any disorder of the bones, spine or muscle, muscle ,deformity, amputation or arthritis , HIV infection, AIDS or AIDS related complex or do you have any congenital/birth defects ?. | | |
| 3. | Have you consulted any doctor for treatment or are under treatment for any ailment other than common cough or cold or undergone any surgical operation at a hospital or clinic or undergone any investigations with other than normal or negative results (including X rays, ECG, blood tests, biopsies etc.) or have you been absent from work due to any illness or injury for a continuous period of more than 7 days during the last 5 years or is any surgery planned or are you currently aware that you may need to seek medical advice in the near future? | | |
| 4. | Please state your current smoking habits: (Tick Appropriately) Non Smoker ☐ Smoker ☐<br>If smoker, please mention in what form and tick the appropriate box for the number per day:<br>0-10 ☐ 11-20 ☐ 21-30 ☐ More than 30 ☐ | | |

Please provide complete details for all the above questions answered as "YES" along with relevant documents:

_____

_____

_____

**Declaration:** I hereby declare that I fully understand the meaning and scope of health declaration form and the questions contained above and am submitting the completed health declaration of my own volition. I further agree and declare that the statements and declarations herein shall be the basis of the insurance cover being extended on my life and that I have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant. I have not withheld or suppressed any information or facts that may be relevant and material to enable the company to make an informed decision about the acceptability of the risk on my life. Should any statements /s be incomplete, false, wrong or inaccurate or misleading or should there be any omission/s or suppression on my part in disclosing the relevant information, the company shall have the right to cancel the insurance cover on my life, if issued and forfeit any payments received. I fully understand that the issuance of the policy shall be subject to my undergoing medical tests as per the company norms. I undertake to notify the company, forthwith in writing of any change in any of the statements made herein above subsequent to the signing of this Health Declaration Form and prior to acceptance of risk by the company.

Signature of Life Assured: _____ Date: ____/____/_____ Place:_____

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

## NOMINATION REGISTRATION DETAILS

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

Conditions Apply. Insurance is the subject matter of solicitation