



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

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 FIXED DEPOSIT MUTHUKKUVIAL PEARL TMB DOUBLE
 PORKKUVIAL CASH CERTIFICATE TMB TSD MALLIGAI TMB TSD MULLAI
 KIDS RD RD NMD

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

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

OPERATION INSTUCTIONS Single Either or 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
 Issue Local Draft / DD. Credit to account No. (if maturity value is <₹ 20000/-)

Auto renewal if no renewal mandate If there is no renewal mandate, the amount will be reinvested for the same period of original deposit.

For Regular Interest Payment Monthly Quarterly Half Yearly Yearly WAIVE TDS (Form 15G/15H enclosed)
 Issue Local Draft / DD Credit to account No. (to be submitted for every financial year along with PAN copy)

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

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 (Recurring Deposit/ NMD / 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)

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.:



Standing Instruction

JOINT MANDATE



We hereby give our joint mandate for the termination of term Deposit before maturity in the event of death of any one of the depositors before maturity. Bank can allow premature withdrawal of the term deposit to the surviving depositor before maturity.

Signature of the account holders 1.....
2.....
3.....

Note to Depositor: 1) Please tick boxes as applicable 2) Please fill up in Capital Letters.3) If Deposit is in the name of a MINOR natural guardian (Father / Mother), or Guardian appointed by Court should produce original records for verification.4) If TDS is not to be deducted, Form No.15G / 15H should be submitted by Depositors every year, along with PAN copy 5) 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

Registration No : -

NOMINATION FORM - DA1

Nomination under Section 45 ZA 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 : _____ Signature(s) Thumb Impression (s) of Depositor (s)
Place : _____
Witness (es) :*** 1. _____ 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.

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