

**Account Opening Form – II**  
(Depositor having SB A/c should fill up this form for opening of RD/FD/CFD)

(Please fill up all details in BLOCK letters)

[illegible]

### Applicant(s) Details:

*Name of the Sole/1st Holder:																																											
CIF No.:																																											
*DOB:		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>								Age:				Senior Citizen:										Yes				No															
PAN:												*Form 60/61 (If PAN is not available)												*Mobile No.:		9		1															
Name of the 2nd Holder:																																											
CIF No.:																																											
DOB:		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>								Age:				Senior Citizen:										Yes				No															
PAN:												Form 60/61 (If PAN is not available)												Mobile No.:		9		1															
Name of the 3rd Holder:																																											
CIF No.:																																											
DOB:		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>								Age:				Senior Citizen:										Yes				No															
PAN:												Form 60/61 (If PAN is not available)												Mobile No.:		9		1															

**Guardian's Name:**

(In case the Applicant is a minor)  
Relationship with the minor: ☐ Father ☐ Mother ☐ By Court Order (If yes, please affix a copy) ☐ Others (Please specify) \_\_\_\_\_

Minor A/c operated by Guardian/Others \_\_\_\_\_.

**Minor Declaration:**

I, hereby declare that the minor is my \_\_\_\_\_ and I am his/her natural and legal guardian/guardian appointed by the Court vide Order dated \_\_\_\_\_.

(Copy enclosed). I shall represent the said minor in all future transactions of any description in the above account untill the said minor becomes major.

I indemnify the Bank against the claim of the above minor for my withdrawal/transactions made by me in his/her account.

Date:

Signature of the Guardian

\*Mode of operation: ☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor  
☐ Jointly by All ☐ Others, please specify \_\_\_\_\_

Fixed Deposit/  
Cumulative Fixed Deposit:

Amount ₹

Period:

Yrs.

Months

Interest to be paid:

Monthly

Quarterly

Half Yearly

Yearly

Payment of Interest and  
Principal on Maturity

Credit to Bandhan Bank A/c No.

Credit to the Other Bank A/c No.

Branch Name

IFSC:

Others (Please specify)

[illegible]

Nomination Facility is to be Aailed:

☐

Yes (If yes, attach form DA-1 )

☐

No

Signature/Thumb Impression of the Sole/1st Holder

Signature/Thumb Impression of the 2nd Holder

Signature/Thumb Impression of the 3rd Holder

**\*Initial Deposit Details (for FD/RD/CFD/Cash Certificate):**

Amount ₹

Mode of Payment:

☐

Cash

☐

Cheque

☐

Debit A/c

A/c No.

Cheque No.

, Dated:

Drawn on

Bank,

Branch

All Cheques should be crossed A/c payee and drawn payable to "Bandhan Bank Ltd." A/c

(Customer's Name).

**For Office Use**

I hereby certify that this Account Opening form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in Core Banking System.

Type of A/c:

☐

FD

☐

CFD

☐

RD,

Rate of Interest:

% p.a.

Date :

For Bandhan Bank

Signature of the Branch Head/Asst. Branch Head  
with Emp. No./S.S. No.