



# THE CHEMBUR NAGARIK SAHAKARI BANK LTD.



## HONEY BEE DEPOSIT

Save today for better future

Branch \_\_\_\_\_

Account No.

Cust. ID.

Date \_\_\_\_\_

- ✓ Please open a **HONEY BEE DEPOSIT ACCOUNT** as per details given below in my / our minor son's / daughter's name in the books of the Bank. I/We agree to comply with and be bound by the Bank's Rules presently laid for **HONEY BEE DEPOSIT SCHEME** and changed from time to time in future.
- ✓ The account will be operated and can be Closed by: (please mark in the appropriate column)
  - Self  Any one of the Natural Guardian/s  Legal Guardian
  - Jointly by the Natural Guardian/s or Survivor  As per Court Order
- ✓ Kindly furnish a Pass Book of my/our son's/daughter's/minor child's **HONEY BEE DEPOSIT ACCOUNT** and please note my/our specimen signature/s on behalf of my/our minor son/daughter/minor, as under

(Begin with Surname)

Name (Kumar/ Kumari) \_\_\_\_\_

नाव (कुमार/कुमारी) आडनाव नाव वडिलांचे नाव

Date of Birth \_\_\_\_\_ Age ( \_\_\_\_\_ Years)  
जन्मतारीख वय (वर्ष)

Name of the School/ College \_\_\_\_\_

शाळेचे / महाविद्यालयाचे नाव

Address of the School/College \_\_\_\_\_

शाळेचा / महाविद्यालयाचा पत्ता

(Only major or minor above 14 years should sign here)

प्रौढ किंवा १४ वर्षांच्या वरील सही →

Name (first guardian) \_\_\_\_\_

(१) पालकांचे नाव

Address (Office) \_\_\_\_\_

ऑफिसचा पत्ता

(Tel. No. \_\_\_\_\_)

Signature (first guardian)

१. पालकांची सही →

(Please affix photograph with signature across)

फोटो

१ नं.  
पालकांचा  
फोटो

Name (second guardian) \_\_\_\_\_

(२) पालकांचे नाव

Address (Office) \_\_\_\_\_

ऑफिसचा पत्ता

(Tel. No. \_\_\_\_\_)

Signature (Second guardian)

२. पालकांची सही →

(Please affix photograph with signature across)

२ नं.  
पालकांचा  
फोटो

Residential Address of the Guardians \_\_\_\_\_

पालकांचा घरचा पत्ता

(Tel. No. \_\_\_\_\_)

### INTRODUCTION

We certify that Kumar/Kumari \_\_\_\_\_ is a student of our \_\_\_\_\_ School/College for the last \_\_\_\_\_ months/years. We confirm that his/her date of birth, address and the names of natural / legal guardian/s as stated on this application is correct as per our records.

Name of the authorised signatory \_\_\_\_\_

Name of the School/College \_\_\_\_\_  
(Please affix Rubber stamp & Signature with designation) →

OR

I certify that I Know the above applicant/s for last \_\_\_\_\_ months/years. I confirm his/her occupation and address at stated on this application as above.

Introducer's Signature \_\_\_\_\_ SB/CA A/c No. \_\_\_\_\_ Branch \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_

Address : \_\_\_\_\_ Tel.No. \_\_\_\_\_

FOR OFFICE USE ONLY (Check List for documents required for Account opening)

•Address confirmed from School/College/Ration Card/Passport

•Photographs obtained, affixed & signed in my presence

•Applicant's & introducer has/have signed in my presence

•Introducer's signature Verified. Confirmation sent on \_\_\_\_\_ & received on \_\_\_\_\_ signature on letter verified on \_\_\_\_\_

Officer / Br.Mgr.

**ANNEXURE  
NOMINATION FORM D A 1**

Nomination under Sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rules 2 (1) of the Co-operative Banks (Nomination) Rules 1985. In respect of Bank Deposits.

I / We \_\_\_\_\_

(Name(s) & Address (es))

nominate the following person to whom in the event of my / our minor's death the amount of deposit in the account particulars whereof are given below, may be returned by **THE CHEMBUR NAGARIK SAHAKARI BANK LTD.** \_\_\_\_\_ Branch.

Nature of Deposit & Distinguishing Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor his date of birth

\* As the nominee is a minor on this date, I / We appoint \_\_\_\_\_

(Name, Address & Age)

to receive the amount of the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\* \* Signatures (s)/ <sup>^</sup> Thumb impression (s)  
of Depositor/s

Witness (es) : Signature \_\_\_\_\_

Name (s) \_\_\_\_\_

Address (es) \_\_\_\_\_

\*Strike out if nominee is not minor \*\* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. <sup>^</sup> Thumb impressions shall be attested by two witnesses.

**Nomination accepted & Registered, Vide Regn. No.** \_\_\_\_\_ **dated** \_\_\_\_\_

\_\_\_\_\_  
Officer / Branch Manager