ORIENTAL BANK OF COMMERCE
(A Government of India Undertaking)
Plot No 5, Sector 32, Institutional Area
Gurgaon- 122001.

O.F.-5C

Application Form for Term Deposit by Existing Customers
(For Other than Individuals)

Date……..

The Branch Manager
B/o…….
……

Dear Sir/ Madam

Reg: Opening of a new Term Deposit/ Progressive Deposit Account

I/ we am/ are existing customer(s) of your bank. My/ our Customer ID and account number is as under:

Customer ID	Account Number	Name/Title of Account

☐ I/ we intend to open a new Term Deposit/ Progressive Deposit account as per details given below.

Type of deposit: Fixed Deposit/ Cumulative Deposit/ Monthly Income Deposit/ Suvidha Deposit/ Special Term Deposit (please specify scheme)……/ Progressive Deposit/ Variable Progressive Deposit

Name of the scheme	
Title of the Account	
Amount of deposit	
Deposit installment (in case of Progressive / Variable Progressive Deposit Account only)	
Period of deposit	
Operational Instructions	
Standing instructions, if any	

Instructions regarding payment of Interest (FDR/MIDR only): Monthly ☐ Quarterly ☐ Yearly ☐ On Maturity ☐
Please specify a/c no. …….

IN CASE OF TERM DEPOSITS - MATURITY/PRE-MATURITY/INTEREST PAYMENT INSTRUCTIONS
On Maturity please
a) Renew Term Deposit for a further period of _____ along with interest amount/ Principal amount and credit the interest in my a/c no…….
b) Do not renew the Term Deposit automatically. Credit the proceeds to my/our SB/CA/CC Account No. _____ with you (customer shall submit the original CDR).

Note : In case we do not receive any instruction from you for Auto Renewal of Term Deposit, we will renew the deposit, excluding deposits like Tax Saving Deposits etc. for the same period of time as the matured deposit at the prevailing rate of interest.

Nomination details: (please tick one)

☐ Same as given in original AOF
☐ Want to change nominee for this deposit (fill another nomination form)
☐ I/ we agree to comply with and am/ are bound by rules and regulations governing such accounts from time to time.
☐ I/ we declare that there is no change in my/our constitution, address, sources of income as declared while opening initial account with the bank.
☐ I/ we have changed place of my/ our business (address proof enclosed) and my/ our new business address is as follows:

_____

Yours faithfully,

Proprietor/ Partner/ Director/ Authorized Signatory

(Affix seal of the firm/ Co.)

FOR OFFICE USE ONLY

Open the Account ☐ Reject (Give Reasons) ☐

_____ _____
Signature of the Authorized Official/ Hall-in-charge Signature of Branch Incumbent

PA NO. ☐☐☐☐☐☐ PA NO. ☐☐☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐