ORIENTAL BANK OF COMMERCE **OF-1C**

(A Government of India Undertaking)
Plot No 5, Sector 32, Institutional Area
Gurgaon- 122001

Application form for SB/CA/TD/PD by existing customers
(For Individuals only)

The Branch Manager Date……..
B/o…….

Dear Sir/ Madam

Reg: **Opening of a new Savings/ Current/ 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 Savings Bank Account in Joint name
☐ 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/ Tax saving Term Deposit (please specify scheme)……/ Progressive Deposit/ Variable Progressive Deposit

Name of the scheme	
Amount of deposit	
Deposit installment (in case of Progressive / Variable Progressive Deposit Account only)	
Period of deposit	
Operational Instructions	**Single/Self Operated**, **Either or survivor/ Fo**rmer **or survivor/ Any one of us/ Jointly by All/ Any other, please specify**
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

i) 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.

ii) Joint Mandate in case of Term Deposits with operational mandate "Either or Survivor" or "Former or Survivor"

☐ We authorize that in the event of death of any of the depositors, premature payment may be made to the Survivor

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 is/ are bound by rules and regulations governing such accounts from time to time.
☐ I/ we declare that there is no change in my/ our residence/ sources of income as declared while opening initial account with the bank.
☐ I have changed place of my residence (address proof enclosed) and my new address is as follows:

_____

☐ My new employer's/ business address is as follows:

_____

Yours faithfully

(Thumb impression: Male: LTI & Female: RTI)

Witness in case of Thumb impression

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐