

Existing Customers - Resident Individuals/HUF
(Please fill up all details in BLOCK letters)

[illegible]

Applicant(s) Details:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|---|---|---|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------|-----------------|-----|---|--|----|--|--|--|--|--|--|--|--|
| *Name of the Sole/1st Holder: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIF No.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *DOB: | D | D | M | M | Y | Y | Y | Y | 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: | D | D | M | M | Y | Y | Y | Y | 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: | D | D | M | M | Y | Y | Y | Y | 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 until 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.

Signature of the Guardian

Date:

*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)

Maturity proceeds to be renewed for

Days/Months/Years

(Interest to be Compounded on Quarterly basis and paid on maturity for Cumulative Fixed Deposit)

Recurring Deposit:

Amount ₹

Period:

Yrs.

Months

Payment of Interest and
Principal on Maturity

Credit to TMBBank A/c No.

Credit to the Other Bank A/c No.

Branch Name

IFSC:

Others (Please specify)

led as Mandatory

Nomination Facility is to be Availed:

☐ Yes (If yes, attach form DA-1) ☐ No

Signature of the Sole/1st Holder

Signature of the 2nd Holder

Signature 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 "Triangle Group." 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 Triangle Group

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