

1. NAME IN FULL (IN BLOCK LETTERS)

(A)

(B)

2. ADDRESS.....

A/c. No

APPLICATION FOR OPENING

3. (A) T. NO. (B) P. NO.

DEPOSIT ACCOUNT

(C) SECTION

(D) DESIGNATION.....

4. DATE OF BIRTH

5. FATHER'S / HUSBAND'S NAME

(We request you to accept in cash / by cheque a sum of Rs.)

6. NOMINEE

RELATION

Address

IN CASE OF MINOR NOMINEE (DATE OF BIRTH)

(We agree to be bound by the Society's rules and regulations governing such account from time to time.)

7. DECLARATION AS TO NOMINEE

I/We do hereby declare that in the event of my/

our death the balance standing at the credit of this

account may be paid to Sri/Smt.....

of address.....

IN CASE OF

IN CASE OF

IN CASE OF

PHOTOGRAPH

Signature of Holder(s) / Depositor(s)

FOR OFFICE USE ONLY

Interest Rate

Maturity Date

A/c. No.

ON MATURITY PAYABLE TO

The Depositor

Either of us / Survivors

Signature of Director

Signature of Official