

# Chakkittapara Service Co-Op. Bank Ltd. No. F. 1675

## FIXED DEPOSIT APPLICATION FORM

1. Name of Depositor & M. No. : .....
2. Father's Name/Husband's Name : .....
3. Address : .....
4. Phone No. : .....
5. Age : .....
6. In the case of Minor : .....
- a) Name and Address of Guardian : .....
- b) Date of attaining Majority : .....
- c) Relationship with guardian : .....
7. Amount of deposit : .....
8. Period of Deposit : .....
9. Interest Rate : .....
10. Name and address of Nominee : .....
11. In case of more than one nominee share of each : .....
12. Proceeds of this deposit is repayable to me/us jointly/Either or survivor/Former or Survivor

### SPECIMEN SIGNATURE

1.		
2.		
3.		

Name and Signature of Depositor

### FOR OFFICE USE

Deposit No. :

Folio :

Amount :

Rs.....

Date :

Clerk

Accountant

Secretary/Manager