

# APPLICATION FOR FIXED DEPOSIT

SINGLE	JOINT	E or S	F or S
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Receipt No. \_\_\_\_\_

To,

~~THE GENERAL~~ MANAGER

The Pudukkottai Dist. Central  
Co-operative Bank Limited  
PUDUKKOTTAL.

Customer ID No.

Dear Sir,

Kindly accept the Deposit as detailed below.

1. Name and Address of Depositor / Guardian : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Age in case of Minor (Date of Birth) : \_\_\_\_\_
3. Age in case of Senior citizen (Date of Birth) : \_\_\_\_\_
4. Amount    Rs. : \_\_\_\_\_  
    (Rupees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Period of Deposit : \_\_\_\_\_
6. Rate of Interest : \_\_\_\_\_
7. Mode of Interest payable and Account No : Monthly / Quaterly / Half Yearly / Annual
8. Savings Bank A/c No. : \_\_\_\_\_
9. Associate Membership No. : \_\_\_\_\_
10. Name of the Nominee and Relationship : \_\_\_\_\_  
and Age

I agree to comply with the rules of the Bank for the conduct of such account.

11. Nomination received and registered on : No. \_\_\_\_\_ Date : \_\_\_\_\_
12. Due date notice : Please \* Send / do not send due date notice to my / our above address

(\*Strike out which is not applicable)

It is always open to the Bank to revise  
the interest rate

Date :  
Specimen Signature

- 1)      \_\_\_\_\_
- 2)      \_\_\_\_\_

      
Signature of the Depositor  
Mobile No.

Attested by me  
Manager

Introduced by