

F.D. No.

S.B. A/c. No.

M. No.

To
The Secretary/Manager

Place :
Date :

**The Kuthuparamba Co-operative Rural Bank
Ltd; No. F. 1261
P.O. Kuthuparamba.**

APPLICATION FOR FIXED DEPOSIT

Dear Sir/s,

Please accept Rs.....(Rupees.....)

as a Fixed Deposit, subject to your rules, in the Name of

Name :

Father's Name :

Name of Spouse :

House Name :

Place :

P.O :

Age & Date of Birth :

Ph: No. :

For a period of days/ months / years at percent interest per Annum as repayable under the following conditions:-

1. Repayable to either/Survivor, Former/Survivor, Latter/Survivor/ All the depositors jointly/ any of the depositors
2. Interest monthly/ Quarterly/ Half- Yearly/ Yearly payable to Sri..... credited to S.B. A/c No..... R.D. A/c No.C/ A. No.
3. Auto renew the deposit for Years/Months
4. Other Conditions
5. Please allowe me/us a C/D class share also

SPECIMEN SIGNATURE

1. Name..... 1. Name.....

1. 1.

2. 2.

3. 3.

Senior Citizen Shouldage proof

Bond Ref. No.

Date

MANAGER

FORM DA-I

Nomination under Section 45ZA read with Section 56 of the banking regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 the respect of the Bank Deposits.

I / We

[Name(s) and Address (es)]

Nominate the following person to whom, in the event of my / our / minors death, amount of the deposit ,particulars where of are given below, may be returned by the **The Kuthuparamba Co-operative Rural BankLtd**

.....Branch P.O.

DEPOSIT		NOMINEE		
Nature and Distinguishing No.	Name & Address of the Nominee	Relationship with Depositor If any	Age	If Nominee is a minor, his/her date of birth

**2 As the nominee is a minor on this date, I / We appoint Shri./Smt./Kum.

(Name, Address and Age)

to receive the amount of the deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Place :.....

Date :.....

*Signature(s) Thump Impression(s)
of depositor(s)

Name (s), Signature (s) and address(es) of witness(es)***

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* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not a minor

*** Thumb impression (s) shall be attested by two witnesses.