



## APPLICATION FOR FIXED DEPOSIT / AKSHAYA CERTIFICATE / RECURRING DEPOSIT (To be attached with the main A/c Opening Form)

To,  
Mogaveera Co-operative Bank Ltd.

Account No : .....

Date : .....

## PLEASE OPEN AN ACCOUNT AS PER DETAILS BELOW

## NAME AND ADDRESS

1. .... Address .....

2. .... Address .....

3. .... Address .....

PAN / GIR No. ....

Guardian ..... Date of Birth ..... Tel. .... Mob. No. ....  
(In case of Minor)

## Particulars of Deposit

Nature of Deposit / Certificate	Amount (Rs.)	Period of Deposit	Rate of Interest	Periodicity of Interest Payment

Rupees (in words) .....

Particulars of Renewals	Renewed No. Date	Amount	Period	Rate of Int.	Date of Maturity	Authorised Signatory
(1)	(2)	(3)	(4)	(5)	(6)	(7)

## For Senior Citizens

Date of Birth : 

D	D	M	M	Y	Y	Y	Y
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(Attach Documentary Evidence)

## Interest Payment and disposal Instruction on maturity

Credit Interest to my / our S.B. / C.A. / O.D. Account No. .... with you / your ..... Branch

1. (In case of automatic renewal of deposit) Renew the deposit at periodical intervals for ..... days / months / years including interest earned, on the basis of this application only, without insisting production of deposit receipt.

2. Renew the deposit for a period of ..... years / month / days for Rs. .... with interest / credit the balance / interest amount to my S.B. / Current / O.D. A/c. No. .... with you.

3. Credit to my / our S.B. / C.A. / O.D. A/c. No. .... with you.

## Repayable on Maturity

1. Either or Survivor

2. Former or Survivor

3. All / Both or Survivor(s) of us.

4. (Please Specify) .....

## For Recurring Deposits only

Please debit monthly instalments of Rs. .... to my / our S.B. / Current / O.D. A/c. No. .... with you on ..... of every month.

The Bank may on receipt of a written request from either of us / survivor of us / former / latter of us, in its absolute discretion and subject to such items and conditions as the Bank may stipulate (a) grant loan/advance/against the security of this deposit to be made in our joint names, (b) make premature payment of the proceeds of the deposit to the former/latter/either of us/the survivor of us /the survivor of us and none of the legal heirs of any of us, has a right to question the said granting of the loan or premature payment made by the Bank.

I/We, am/are agreeable to abide by the rules pertaining to the Deposit in force from time-to-time.

1) .....

2) .....

3) .....

**FOR BRANCH USE ONLY**

Checked and verified

Authorised Signatory

Date :

Branch Manager

RECEIVED the deposit receipt No..... / Pass Book

Signature (s) of Depositor(s)