



FIXED DEPOSIT APPLICATION FORM

To,
The Manager,
Aishwarya Mutually Aided Co-operative Credit Society Ltd.
_____ Branch

Date : _____

Dear Sir,
Please,

- Renew my/our Fixed Deposit No _____ for Rs _____ (Rupees : _____) and balance amount if any to be credited to my/our Savings/Current a/c No _____
- Transfer a sum of Rs. _____ (Rupees : _____) for a fixed deposit from my/our Savings/Current a/c No. _____
- Accept a sum of Rs. _____ (Rupees : _____) for a Fixed Deposit.

Under following conditions :

- a. Name/s of the Account Holder/s : _____
- b. Membership No. : _____
- c. Address : _____
- d. Rate of Interest per annum : _____
- e. Tenure of FD : _____ Maturity Date : _____
- f. Mode of operation : Singly/Either or Survivor/Jontly/ _____
- g. Interest payment :
Monthly/Quarterly/HalfYearly/Yearly/On Maturity. to my/our Saving/Current A/c. No. _____
- h. Auto Renewal : Yes, with principal, interest credited to my/our savings/current A/c. No.....
 Yes, with principal and interest
 No, maturity amount credited to my/our savings/current A/c. No.....
- i. Nomination :
I/We hereby nominate Mr./Ms. _____
residing at _____
relationship _____ Aged _____ DOB _____
to my/our FD A/c. No. _____ to receive the balance proceeds on my/our expiry.
As nominee is minor on this date, I appoint Mr./Ms. _____ Age _____
Relationship _____, to receive the aforesaid balance proceeds on behalf of the nominee.

Signature of Applicant _____
Witness name & Signature : _____

Your's faithfully,

- a) First a/c. holder _____ Signature : _____
- b) Second a/c. holder _____ Signature : _____
- c) Third a/c. holder _____ Signature : _____

For Office Use

F.D. Account No. _____ Maturity Date : _____
Entered by _____ Authorised by _____
Name & Emp. Code : _____ Name & Emp. Code : _____