



RECURRING DEPOSIT APPLICATION FORM

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

Date : _____

_____ Branch

Dear Sir,

Please open a recurring deposit of Rs _____ (Rupees : _____
_____) per month by transferring
the amount from my/our Savings/Current A/c No. _____

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 RD : _____ Maturity Date : _____
- f. Mode of operation : Singly/Either or Survivor/Jontly/ _____
- g. Auto Renewal : Yes, maturity amount to be credited to my/our savings/current A/c. No. _____
 No, maturity amount to be credited to my/our savings/current A/c. No. _____
- h. Nomination :
I/We hereby nominate Mr./Ms. _____
residing at _____
relationship _____ Aged _____ DOB _____
to my/our RD 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 (s) _____

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

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