

Account No.	
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APPLICATION FOR FIXED DEPOSIT / DOUBLE BENEFIT PLAN

Date :

To,
The Chairman,
Jyothi Co-operative Credit Society Ltd.,
102, Malhotra Chambers,
1st Floor, 31/33, Police Court Lane,
Near Handloom House, Fort, Mumbai - 400 001.

M.No./N.M.F.No.:

Sir,

I/We have to request you to open a Fixed Deposit / Double Benefit plan account in your Books of Account. The relevant particulars are given below for the purpose.

1. Name & Address of _____
depositor / s, and Telephone No. _____
2. Minor's Date of Birth, (if any) _____
3. Amount of Deposit Rs. _____
4. Period of Deposit _____
5. Instruction for operation _____
(Former only / Either or Survivor / Survivors) _____
6. Specimen Signature _____
7. Name of Nominee _____
(This is compulsory if the depositor is single person)
8. Introduced by _____

I/We agree to abide by your society's bye-law and rules in force in this respect.

Please note that if a minor is one of the depositors, please mention minor's name first and next guardian / s. Mention minor's Date of Birth wherever minor's name given in the application.

IDENTITY PROOF : PAN Card Copy.

Yours faithfully,

ADDRESS PROOF: Copy of Aadhar Card / Election Card Electricity
Bill/Telephone Bill/Society Maintenance Bill
is/are enclosed.

Applicant's Signature

OFFICE REMARK

1. Rate of Interest _____
2. Due Date _____
3. Interest Payable _____
4. Whether the required full particulars furnished :- Yes / No

For **Jyothi Co-op. Credit Society Ltd.**

Manager