



SHALINI SAHAKARI BANK LTD.

395, N. M. Joshi Marg, Mumbai - 11. Phone : 23093179

FIXED DEPOSIT / RECURING DEPOSIT / DAILY DEPOSIT ACCOUNT FORM

A/c. No.

Date

FIXED DEPOSIT / RECURING DEPOSIT / DAILY DEPOSIT ACCOUNT FORM

I / We request you to open my / our Fixed Deposit / Recuring Deposit / Daily Deposit Account & I / We hereby deposit Rs. _____ (in words _____) for a period of _____ & rate of int. _____ in your bank. I / We have read the rules & regulations of your bank. I / We agree to follow.

Above Account will be operated by _____

Full Name :

Permanent Address : _____ Phone : _____

Office / Business Address : _____ Phone : _____

(For, FD A/c.) Interest : Monthly Quarterly Maturity

Name of Nominee and Address :

Date of Birth (If Minor) :

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

(Name, Address & Age)

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

Yours faithfully

Introduction :

Signature : _____

Name : _____

A/c. No. : _____

Depositor Signature

FOR OFFICE USE ONLY

Introducer's signature verified in our record.

Ledger Keeper

Officer