



THIRUVALLUVAR TRANSPORT CORPORATION EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LIMITED, MSCS/CR/16-91.

Regd. Off. No:1735, 18th Main Rd, Anna Nagar West, Chennai-600040 Ph:044-48581615.
B.O No.10, 23rd Street, Jai Nagar, Arumbakkam, Chennai -600 106. Ph: 044-23637712/45510363

APPLICATION FORM FOR RECURRING DEPOSIT

Member No.:
RD No.:
Date.:

I hereby apply for Recurring Deposit of Rs..... (Rupees.....)

..... only) per month for a period of

months at % p.a. interest in the TTCECS Recurring Deposit for me.

Please tick the Choice: Member Associate Member

If Member please specify the EDP No.

Name, Address and Other Details (Block Letters)

Name.....

Nominee Name with Relationship.....

Address.....

.....
City..... State..... Pin

Tel No..... Email ID.....

BANK DETAILS FOR THE PAYMENT OF INTEREST AND PRINCIPAL:

Bank Name.....

Branch IFSC Code

Bank A/c No.....

I hereby declare that the particulars given above are correct and complete. We have read and understood the terms and conditions of the TTCECS Recurring Deposit Scheme and the same are acceptable to me. I also declare that above information is true to the best of our knowledge and belief.

Maker

Signature