



Udhamsingh Nagar District Co-operative Bank Ltd.

Head Office- Rudrapur

Recurring Deposit A/c Opening Form

The Branch Manager
Udhamsingh Nagar
Distt. Co-operative Bank Ltd.

Date _____

Dear Sir,

I/We request to admit me/us to subscribe to the Recurring Deposit Scheme.

I/We hereby undertake to Deposit a sum of Rs _____ every month on or before the last working day of that month and agree to receive Rs. _____ 30 days after the last instalment of the _____ instalments which I/we have undertaken to pay.

I/we hereby undertake to abide by the Rules of the Recurring Deposit Scheme which are now in existence and which may hereafter be made.

I/we declare that the following information is correct./

- 1- Name in full _____
- 2- Father's / Husband's Name _____
- 3- Occupation _____
- 4- Address _____

- 5- In case of minor/s please indicate _____
 - (a) Date of birth _____
 - (b) Name of Guardian's _____
 - (c) Address _____
 - (d) Whether Natural or appointed by Court _____

Yours faithfully

(Signature of the Applicants)

For Bank use only

Recurring Deposit A/c No. _____

Date of opening _____

Date on which Pass book issued _____

Monthly Instalment Rs. _____

Payable on or before _____

Verified

Br. Manager