

THE MALAPPURAM SERVICE CO-OP. BANK LIMITED, MALAPPURAM
APPLICATION FOR FIXED / CALL / ATHULYA DEPOSIT

Dear Sirs,

Please accept Rs. (Rupees
) as a fixed / Call / Athulya Deposit, subject to your Rules,

in the name of: (i) (ii)

1. Name of Depositor/s (in block letters) :
2. Father's Name :
3. Address :
4. Occupation :
5. Person to whom the deposit should be returned in the event of the depositor's death } Name :
 } Father's Name :
 } Address :
6. Period :
7. Rate of interest payable :
8. Interest shall be payable Annually/ Half yearly/ Quarterly/ Monthly by Cash / to S.B. A/c No..... in the name of

SPECIMEN SIGNATURES

- | | |
|---------------|---------------|
| 1. Name | 2) Name |
| a) | a) |
| b) | b) |
| c) | c) |

Note:- If the depositor/s is / are making the application, the specimen signature may be given in the space provided. In other Cases specimen signature of depositor/s should be filed with the Bank soon, attested by the persons making the application.

Place: Signature of the Applicant:
 Name :
 Date : Address:
 Introduced by:

FOR OFFICE USE ONLY

- | | |
|---------------------------|--------------------------------------|
| 1. F.D. No..... | 2. Date |
| 3. Amount | 4. Period..... |
| 5. Rate of interest | 6. Mode of payment of Interest |

Deposit Canvased

Address

.....

Manager

NOMINATION FROM

I/We

 nominate the following person to whom in the
 event of my/our/ minor's death the amount in the account may be returned by the Malappuram Service Co-operative
 Bank Ltd,Branch.

Name & Address of Nominee	Relationship with the Depositor	Age	If nominee is a minor his/her Date of Birth

Place :

Date :

Signature of the Depositor

Witness :-

1)

2)

Name & Address

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.....

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.....Pin

.....Pin.....

(FOR OFFICE USE)

Account No Allotted :

Date :

Initial Investment :

Canvased by :

CLERK

MANAGER