Recurring Deposit Form

The Malad Sahakari Bank Limited. **A/c. No.** _____

..... Branch. Date : .....

Dear Sir

I/We have to request you to open a RECURRING DEPOSIT A/c. in your Bank, I/We have read the rules and agree to abide by them.

Name of the Depositors 1) .....

2) .....

Address .....

.....

Tel. No. ..... Service / Business .....

I/We agree to deposit before the .....

date of each month a sum of Rs...../- towards this deposit account.

This deposit balance with accrued interest as per rules will be payable to me/us after period of ..... month. The instalment to be debited to my

S.B. A/c No. ..... with _____ Branch every month.
C. A/c. No.

Date of Birth (In case of current minor).....

Last instalment Due on ..... 20 .....

Deposit Due on ..... 20 .....

I/We nominate ..... Relation .....

aged ..... as nominee for this account .....

However, in case of contingency deposit balance may be payable to me/us earlier with accrued interest at the rate specified in the rules.

payable to .....

introduced by on due date

S.B/C.A. : A/C No .... Branch
M. No.

A/c. approved and opened

_____

Officer/Manager (Specimen Signature of depositor)

In case of joint account it should be definately stated to whom the deposit will be repayable, when due or in the event of the death.