

Regd. No. 10229/WEST/TC

Estd. 07/2009

(Society is registered under Delhi Co-operative Societies Act. 2003, Registrar Co-op. Societies, Govt. of N.C.T. of Delhi)

Phone No. 011-25270482, 011-25277149

DEPOSIT ACCOUNT OPENING FORM FOR THE MEMBER

Date:

To

The President/ Hony.Secretary,
Raghav Co-operative Thrift & Credit Society Ltd.,
Shop No.1, WZ-60, Jawala Heri, Paschim Vihar, N.D.63

M.S. NO.	
FORM NO.	

Sub:- Opening of deposit account(s).

Sir,

I am a member of your Society. I request you to open a _____ Account in the name of _____ under the guardianship of my in accordance with the Rules of the Society, on the following terms and conditions and issue me a Deposit Receipt/Pass Book.

1. DEPOSIT TYPE:

F.D. R.I.D. L.T.D. R.D. M.D.

2. TENURE OF DEPOSIT:

1 YEAR 2 YEARS 3 YEARS 5 YEARS or other Specify _____

3. DEPOSIT AMOUNT: RS. _____ (_____)

4. INTEREST: _____ 5. MATURITY AMOUNT: RS. _____ 6. MATURITY DATE: _____

7. MODE OF DEPOSIT:

CASH CHEQUE NO.: _____ BANK & BRANCH: _____

TRANSFER (Please attach duly signed voucher)

8. Nomination Facility: Opted (Please fill up back side form Not opted

9. PAN NO.: _____ or Form 60/61 10. ADHAAR NO. _____

DECLARATION

I hereby confirm that the Rules of Business have been read by me and/or explained to me. I have understood and agreed to be bound by the Society's Rules and Regulations governing such Account from time to time. I confirm that I am Indian National and resident of India. I hereby declare that the above information is true and correct & best of my knowledge.

Yours Faithfully

SIGNATURE _____

NAME _____

S/o,D/o,W/o _____

ADDRESS _____

CONTACT NO. _____

--FOR SOCIETY USE ONLY--

DATE	V.NO.	A/C NO.	DEP. TYPE	DEP. NO.	NOMINATION	PAN NO.	DEP. GIVEN

PRESIDENT/HONY.SECRETARY

EMPLOYEE OF THE SOCIETY

