

# THE CO-OPERATIVE CITY BANK LIMITED

H. O. : U.N.B. ROAD, SILPUKHURI  
GUWAHATI - 781 003

## FIXED DEPOSIT/ RE-INVESTMENT/ CASH CERTIFICATE A/c OPENING FORM

To,

The Branch Manager,  
The Co-operative City Bank Ltd.,  
\_\_\_\_\_ Branch  
Guwahati -

Date : \_\_\_\_\_

A/c No. \_\_\_\_\_

L. F. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Due Date \_\_\_\_\_

Maturity Value Rs. \_\_\_\_\_

Dear Sir

I/We having read and understood the rules of the Bank in respect of the said A/c and agree to be bound by them as now in force or to any change that may be made therein from time to time and hand you herewith in cash/ cheque No. \_\_\_\_\_ dtd : \_\_\_\_\_ the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only which please place for in FIXED DEPOSIT/ RE-INVESTMENT/ CASH CERTIFICATE A/c for a period of \_\_\_\_\_ days/ months/ years carrying interest @ \_\_\_\_\_ % P.A. as per following particulars.

1. Name (in Block Letters) : \_\_\_\_\_
2. Occupation : \_\_\_\_\_
3. Father's/ Husband's Name : \_\_\_\_\_
4. Full Address : \_\_\_\_\_  
\_\_\_\_\_ Phone : \_\_\_\_\_
5. Nationality : \_\_\_\_\_
6. Date of birth (if minor) : \_\_\_\_\_
7. Guardian's name & relation (if minor) : \_\_\_\_\_
8. Account to be operated by singly/ jointly : \_\_\_\_\_
9. On maturity amount to be paid to : \_\_\_\_\_
10. Name of Nominee (if any), Relation : \_\_\_\_\_
11. Special instruction if any : \_\_\_\_\_

Introduced by :

Yours faithfully

\_\_\_\_\_  
(Signature and A/c No. as recorded at the bank)

\_\_\_\_\_  
Signature of Depositor(s)

Name(s) of the signatory (ies)	Specimen Signature(s)

Verified the particulars and found in order. The Account may be opened.

Br. Manager