



THE CO-OPERATIVE CITY BANK LIMITED

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

RECURRING DEPOSIT ACCOUNT OPENING FORM

To,

The Branch Manager,
The Co-operative City Bank Ltd.,

Date : _____

_____ Branch
Guwahati -

PERIOD

A/c No. _____

L. F. _____

Due Date _____

Maturity Value :

Rs. _____

Intt. @ _____ % O.comp.

Dear Sir

I/We desire to open a **RECURRING DEPOSIT** A/c and stipulate to deposit a sum of Rs. _____ (Rupees _____) only by way of monthly instalments at 30 days intervals (beginning from the date of opening) and received the maturity value 30 days after the deposit of the last instalment or the date of maturity which ever is latter.

I/ We hereby declare that I/ We have read and understood the Bank's Recurring Deposit A/c Rules and agree to be bound to them.

1. Name (in Block Letters) : _____
2. Occupation : _____
3. Father's/ Husband's Name : _____
4. Full Address : _____

5. Nationality : _____
6. Date of birth (if minor) : _____
7. Guardian's name & relation (if minor) : _____
8. Account to be operated by : _____
9. On maturity amount to be paid to : _____
11. Special instruction (if any) : _____

Introduced by :

Yours faithfully

(Signature and A/c No.

Signature of Depositor

Name of the Signatory	Specimen Signature

FOR BANK USE :

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

(_____) Nos. Slg. accepted.

Officer/Branch Manager