



F.D. No. : Date : No.

MAA JHANDEWALI
CO-OPERATIVE URBAN THRIFT & CREDIT SOCIETY LTD.
Registered Under the Delhi Co-operative Societies Act-35 of 1972

145, 1st Floor, DDA Office Complex, C.M. Jhandewalan Extension, New Delhi-110055
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APPLICATION FORM FOR FIXED DEPOSIT ACCOUNT

(Please write in BLOCK LETTERS and tick the appropriate Box)

I/We hereby apply for opening of Deposit Account under :

<input type="checkbox"/> Fixed Deposit (General)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DAYS / MONTHS / YEARS	<input type="checkbox"/> NOMINAL MEMBER
<input type="checkbox"/> Re-investment Deposit Scheme	<input type="checkbox"/> <input type="checkbox"/> MONTHS / YEARS	<input type="checkbox"/> SENIOR MEMBER
<input type="checkbox"/> Fixed Deposit (MIS)	<input type="checkbox"/> <input type="checkbox"/> MONTHS / YEARS	<input type="checkbox"/> SENIOR CITIZEN
<input type="checkbox"/> Quarterly Scheme (Quarterly Interest Payment)	24 MONTHS	
<input type="checkbox"/> Others		

Name(s) of Depositor (S)	Date
Sole / First : Mr/Ms/M/s.	<input type="text"/>
	Membership No. <input type="text"/>
Second : Mr/Ms/M/s.	<input type="text"/>
	Membership No. <input type="text"/>
Guardian : Mr/Ms (If depositor is minor)	<input type="text"/>
	Membership No. <input type="text"/>
Date of Birth (in case 1st Applicant is minor)	<input type="text"/>

Address of Sole/First Applicant			
<input type="text"/>			
<input type="text"/>			
Pin <input type="text"/>	Pin <input type="text"/>	Pin <input type="text"/>	Fax <input type="text"/>
E-mail <input type="text"/>			

Nomination (Optional)	
Name of Nominee	Relationship <input type="text"/>
Gurdian's Name (If nominee is a minor)	Date of Birth <input type="text"/>
<input type="text"/>	
Signature of Nominee <input type="text"/>	

Payment Details	
Cash/DD//Cheque No. <input type="text"/>	Dated <input type="text"/> Amount (Rs.) <input type="text"/>
Drawn on (Bank/Branch)	<input type="text"/>
<input type="text"/>	

Bank Details (Bank/Branch) For payment of interest to sole/first applicant by ECS / Transfer	
<input type="checkbox"/> Savings/SD A/c. <input type="checkbox"/> Current A/c. <input type="checkbox"/> Trust A/c.	
Account No. <input type="text"/>	IFSC Code <input type="text"/>
Name of Bank (Xerox copy of cancelled Cheque enclosed)	Branch
Sr. CITIZEN DEPOSIT may be Opened Jointly provided both the member are Senior Citizen OR Second holder must be Spouce of the First holder. I/We hereby declare that above information is true to be best of my/our knowledge and belief.	

Signature of Applicant(s)	
<input type="text"/>	<input type="text"/>
Sole/First	Second