

APPLICATION FORM FOR FIXED / RECURRING DEPOSITS
SECONDARY SCHOOL EMPLOYEE'S CO.OP. CREDIT SOCIETY LIMITED, MUMBAI

To,
The Manager,
Secondary School Employee's Co-op
Credit Society Limited, Mumbai

Deposit A/C No. _____

Customer No. _____

Date : / /

Dear Sir,

I have read the understood the rules for your Fixed / Recurring Deposit Scheme and agree to comply with and be found by them.

I tender the amount of Rs. _____ In Word _____)

In Cash/Cheque / Draft No. _____ drawn on _____ for
Deposit for _____ months / years. @ _____ % P.A.

Please issue me above mentioned Fixed / Recurring Deposite Receipt in my name and note the following Instructions :

FULL NAME (IN BLOCK LETTERS)

OCCUPATION :

MOBILE NUMBER :

NAME OF SCHOOL &

ADDRESS (FULL) :

RESIDENTIAL ADDRESS :

DATE OF BIRTH :

NAME OF NOMINEE :

BIRTH DATE OF NOMINEE :

RELATION WITH APPLICANT :

SPECIMEN SIGNATURE :

CLERK

MANAGER / ACCOUNTANT