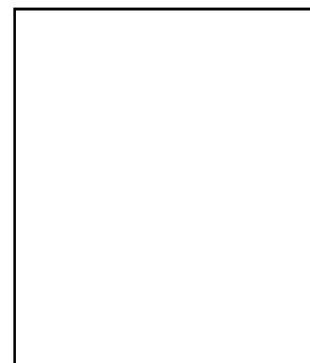


# Chaitanya Mahila Sahakari Bank Niyamit, Vijayapura

## FIXED DEPOSIT ACCOUNT OPENING FORM

Account No. \_\_\_\_\_  
L.F. \_\_\_\_\_  
Date \_\_\_\_\_  
To,  
The Manager  
Chaitanya Mahila Sahakari Bank Niyamit, Vijayapura  
\_\_\_\_\_



Dear Sir,

I/ We declare that, I / We have read the Bank's Fixed Deposit Account rules and I/ We accept them as binding upon me/us. I / We request you to open a Fixed Deposit Account of Rs \_\_\_\_\_ for a period of \_\_\_\_\_ in your books in the under noted names.

Name in full - \_\_\_\_\_

Occupation - \_\_\_\_\_

Address - \_\_\_\_\_

Introduced by - \_\_\_\_\_

To be signed by the Introducer - \_\_\_\_\_

Occupation - \_\_\_\_\_

Address - \_\_\_\_\_

Date of birth - \_\_\_\_\_ I, Certify that Kumari / Kumar \_\_\_\_\_

(In the case of minor)

\_\_\_\_\_ was born on \_\_\_\_\_

yours faithfully,

Specimen Signatures

1) \_\_\_\_\_

2) \_\_\_\_\_

Signature (s) of the  
Depositor(s)

Instructions :

i) Nature of A/c. \_\_\_\_\_

ii) The Interest accrued on the Fixed Deposit for Quarterly /Half yearly to be credited to my/ our C.D. / S.B. Account No. \_\_\_\_\_

Vijayapura

Date :

Signature of Depositor/s

Account opened and signature verified by me

Manager/ Supervisor / Inspector.