

# Vatakara Town Co-operative Urban Society Ltd. No. D. 2822

## APPLICATION FOR FIXED DEPOSIT / CASH CERTIFICATE

C.C / F.D. No.

From  
 .....  
 .....  
 .....

To,  
 The Secretary/ Manager  
 Vatakara Town Co-op.  
 Urban Society Ltd.  
 P.O. Vatakara

.....202.....

Dear Sir,

Please accept Rs..... [Rupees].....

.....as a Fixed Deposit, subject to your Rules in the name of (name of depositors  
 in full with complete Address in Block Letters] Member No.....

for a period of ..... days/ months at..... percent interest per annum as repayable with interest to  
 (fill up as the depositor, former or survivor, either or survivor of the depositor's, any of the depositors, all the depositors jointly or any  
 other special condition for repayment).....

<u>Specimen Signature</u>	
Name.....	Name.....
1 .....	1 .....
2 .....	2 .....
3 .....	3 .....

Yours faithfully

\_\_\_\_\_  
 Signature

Note: If the applicant is not the depositor, separate specimen signature of the depositors should be filled with the Society soon attested by the applicant.

**NOMINATION FORM DA-1**

**(TO BE FILLED ONLY IF THIS FACILITY IS REQUIRED BY THE DEPOSITOR )**

Nomination under section 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies(nomination) Rules, 1985 in respect of Bank Deposits.

I/We.....  
( Name(s) and Address ) nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by **The Vatakara Town Co-operative Urban Society Ltd No D. 2822**

**DEPOSIT**

Nature .....

Distinguising No: .....

**NOMINEE**

Name .....

Address: .....

Relationship with depositor, if any .....

Age .....

If nominee is a minor- Date of birth 

--	--	--	--	--	--

As the nominee is a minor, on this date, I / We appoint Sri /Smt.....  
(Name, address and age ) to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place: 

--	--	--	--	--	--	--	--	--	--

Date: 

--	--	--	--	--	--	--	--	--	--

A

Signature(s) of Depositor(s)

B

C

**Witnesses**

Name.....

Signature.....

Address .....

Name.....

Signature.....

Address .....

- \* Thumb impression(s) shall be attested by two witnesses.
- \*\* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

**For Office Use**

1. Nomination accepted and registered vide registration No.....Dt.....

2. Rs.....recieved as per Rt no.....dt.....

**For Vatakara Town Co-operative Urban Society Ltd**

Branch 

--	--	--	--	--	--	--	--	--	--

Date: 

--	--	--	--	--	--	--	--	--	--

**Signature of verifying Officer**