

**THE FEDERAL BANK EMPLOYEES' CO-OPERATIVE SOCIETY LTD.,
BANGALORE, KARNATAKA**



Application For Fixed Deposit / Cumulative Deposit

Application No :

Membership Id :

P.F. No :

Dear Sir,

I/We being Indian national/s and resident/s of India desire to open Fixed Deposit/Cumulative Deposit account in my/our name/s, in accordance with the Rules of the Society, on the following terms and conditions and issue me/us a Deposit Receipt.

I/we request you to renew the subject deposit on maturity along with/without interest accrued at the prevailing rate of interest at the time of such renewal, on the same conditions of repayment and interest payment. This instruction shall hold good until revoked in writing by me/us.

In the event of death of any of the joint depositors prior to maturity of deposit the Society will at the written request of the surviving depositor/s be at liberty though not bound and at its absolute discretion to pay interest for the remaining period, to repay the deposit before maturity or to grant an advance against the security thereof to any one or more of the survivor/s depositor/s, on such terms the Society may decide and to add/delete/substitute any names therein. The discharge given by such surviving depositor(s) /any one of the surviving depositor (s) shall give the Society a valid discharge.

The Rules of Business have been read by me/us and or explained to me/us. I/We have understood and agreed to be bound by the Society's Rules and Regulations governing such accounts from time to time.

Amount of Deposit Rs.(Rupees.....)

Period of Deposit Years / Months / Days	Int.Rate% p.a	MODE OF INTEREST PAYMENT Periodicity (Yearly)
---	---------------------	---

Sl. No.	Name in Full (Block Letters)	Designation	Address of the first Depositor

Payable to } Either or Survivor/ 1 or Survivor/s Jointly / No. Or Survivor/s Illiterate depositor or Survivor/s

In Case of Minor} Date of Birth Name of Guardian Relationship

Yours faithfully (Signature of Depositor/s)	SPECIMEN SIGNATURE / S	
	1.	
	2.	
	3.	
	4.	

FOR OFFICE USE

Signed before me and signature verified

Deposit accepted at % p.a

PRESIDENT / VICE - PRESIDENT / DIRECTOR

PARTICULARS OF RENEWALS

Date of Renewal	Amount Rs.	Period	From	To	Rate of Int.	Sig. Of President / Vice-President

NOMINATION FORM

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

I/We
(Name/s and Address/es) 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 paid to the person

Deposit : _____	Nominee : _____
Nature : _____	Name : _____
Distinguishing No. _____	Address : _____
_____	_____
_____	Relationship with depositor, if any
Additional details, if any _____	Age : _____
_____	If nominee is a minor
_____	Date of Birth : _____

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

Place :

Date :

Signature/Thumb impression of Depositor/s

***** Witnesses**

Name :
Signature :
Address :
.....

- * Strike out if nominee is not a minor.
- * Where the deposit is made in the name of a minor the nomination should be signed by a person who is lawfully entitled to act on behalf of minor.
- * Thumb impression/s shall be attested by two witnesses.

FOR OFFICE USE

Nomination Accepted and Registered Vide Regn. No. dt.

**For The Federal Bank Employees' Co-operative
Society Ltd., Bangalore, Karnataka**

PRESIDENT / VICE - PRESIDENT