

The Malappuram District Police Co-operative Society Limited

No. M. 438, MALAPPURAM - 676 505

F. D. No.	
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APPLICATION FOR FIXED DEPOSIT

Dear Sirs,

Please accept Rs.....(Rupees.....)

.....)
as a FIXED DEPOSIT, subject to your Rules, in the name of (name of Depositor/s in full with complete
address in BLOCK LETTERS).....

.....
.....
.....
.....
for a period of.....days / months at.....percent interest per
annum as repayable with interest to*.....

Please credit the interest of this deposit to my / our S.B. A/c.

No..... with our Society.

Name & Signature of the Person }
making the application }

Place..... } Address.....

Date..... }

* Fill up here as the Depositor, either or Survivor of the Depositor, any of the Depositors, all the Depositors jointly or any other special condition for repayment, as may be required.

Note:- If the Depositor/s is/are making the application, the specimen signature may be given below, in other cases specimen signature of the Depositor or Depositors should be filed with the Bank soon, attested by the persons making the application or otherwise authenticated.

SPECIMEN SIGNATURES

1) Name..... 2) Name.....

1. 1.

2. 2.

FORM DA I

Nomination under section 42 za read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative banks (Nomination) Rules 1985 in respect of the bank deposits.

I/We.....
[Name(s) and Address(es)]

nominate the following person to whom in the event of my / our / minors' death. The amount of the deposit, particulars whereof are given below, may be returned by.....
[Name and address of the office in which deposit is held]

.....

.....

Nature of			Deposit		Nominee		
Disting- uishing No.	Additional details, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor his date of birth	

● 2. As the nominee is a minor on this date, I / We appoint Shri/Smt/Kum.....
[Name, Address and 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(s) / Thumb impression(s) of Depositor(s)

Name(s), Signature(s) and
 address(es) of witness(es) @

* Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

● Strike out if nominee is not a minor.

@ Thumb impression(s) shall be attested by two witnesses