

SAVINGS BANK ACCOUNT APPLICATION

A/c No.		Folio	
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Place.....

Date.....

From
Name in full
(IN BLOCK LETTERS)
(and short name with
initials)
with Complete address

}

Mr. / Mrs. / Messrs
.....
Kumari / Smt.
.....
.....

Occupation and
Temporary address if any

}

.....
.....

To

**THE MALAPPURAM DISTRICT POLICE CO-OP. SOCIETY LTD., NO. M. 438
MALAPPURAM**

Dear Sirs,

Please open a SAVINGS BANKACCOUNT in My / Our name and send me / us a Pass Book and a Cheque Book. A sum of Rs..... is herewith send in cash towards initial deposit. I / We have read the Rules in respect of the account and I / we hereby undertake to abide by them and by their Ammendments.

The account will be operated upon by.....
.....and the changes to this mode and manner of operation will be made only on your acceptance.

I / We hereby certify that I / we do not have any other Savings Bank Account in Your society.

.....
(Full Signature of the depositor/s
with designation and seal
wherever necessary)

Specimen Signature of the Depositor/s

Name.....	Name.....
1)	1)
2)	2)
3)	3)