

F.D. No.

Place

To
The Secretary,

Date

**THE KANNUR DISTRICT EX-SERVICEMEN
MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.,
No. C. 1009, PAYANGADI,
H.O. PAYANGADI.**

Branch :

APPLICATION FOR FIXED DEPOSIT

Dear Sir,

Please accept ₹ (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).....

.....Phone No.

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

Nominee.....

Address.....

Name and Signature of the Depositor

*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 re-payment, as may be required.

Note : If the Depositor/s is / are making the application, the Specimen signature may be given below.

SPECIMEN SIGNATURE

1. Name 1. Name

1. 1.

2. 2.

3. 3.

In other cases, specimen signature of the Depositor / Depositors should be filed with the Society soon.

SECRETARY / Br. MANAGER

**THE KANNUR DISTRICT EX-SERVICEMEN MULTIPURPOSE
CO-OPERATIVE SOCIETY LTD., No. C. 1009
H.O. PAYANGADI.**

Branch :

FORM DA 1

**Nomination under Section 45 ZA read with Section 56 of the Banking Regulation Act, 1949
and Rule 2 (I) 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 where of are given below, may be returned by THE KANNUR DISTRICT EX-SERVICEMEN MULTIPURPOSE CO-OP: SOCIETY LTD., No. C. 1009, Branch

DEPOSIT			NOMINEE				
Nature of	Distinguishing No.	Additional details, if any	NAME	Address	Relationship with Depositor if any	Age	If nominee is a minor, his/her 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) ***

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- * 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.
 - *** Thump impression (s) shall be attested by two witnesses.