



Form of Application for Laxmi Recurring Deposit

THE MANAGER

Place :

Sree Thyagaraja Co-operative Bank Ltd.

N. R. Colony, Bangalore-560 019

Date :

Dear Sir,

I/We request you to admit me/us subscribe to the Laxmi Recurring Deposit Scheme.

I/We hereby undertake to Deposit a sum of Rs. every month on or before the last working day of that month and agree to receive Rs. after maturity, the last instalment of the..... instalments which I/We have undertaken to pay.

I/We hereby undertake to abide by the Rules of the **Laxmi Recurring Deposit Scheme** which are now in existence and which may hereafter be made.

1. Name in full
(in Block letters)
2. Father's / Husband's Name
3. Present Address
-
4. Permanent Address
-
5. Occupation..... 6. Age.....
7. Nominee.....Age..... Relationship.....

(Signature of the Applicant)

Laxmi Recurring Deposit Account No.

Date of Opening

Date of which Pass Book issued.....

Monthly instalment Rs.

Payable on or before.....

Accountant

Manager

Entered in Folio No.date L. Clerk.....