

Women's Co-op: Bank Ltd.

To,
The Manager,
WOMEN'S CO-OPERATIVE BANK LTD.

RD / A/c. No. _____ L/F _____ DATE _____

APPLICATION FOR RECURRING DEPOSIT

PERIOD FROM _____ TO _____

Dear Madam,

I/We request you to admit me/us to subscribe to the 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. _____ 30 days after the last instalment of the instalments
which I/We have undertaken to pay.

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

I/We declare that the following information is correct.

Full Name/s _____

Occupation _____

Address _____

Birth date in case of minor _____

Special instructions _____

Signature/s _____

Introduced by _____

Manager
