

Form No. 57



THE WOMEN'S CO-OP. BANK LTD.,

To,
The Manager,

_____ BRANCH A/c No. _____

Opening Date _____

Due Date _____

Dear Sir,

I desire to be a depositor under your PADMA Deposit Scheme as per rules and regulations which have been read by me or explained to me / my satisfaction. I have this day paid Rs. _____ as initial deposit which please accept

Name _____

Address _____

Age (If Minor) _____ Name of Guardian _____

Nominee _____

Contact No. _____

SPECIMEN } _____

SIGNATURE } _____

Branch Manager/Officer

Introduced by _____