



Matrubhumi

CO-OPERATIVE CREDIT SOCIETY LTD

Reg. No. Bom / KW / RSR (CR) / 545 / 87-88

Regd. & Admn. Office : Buntara Bhavana, Buntara Bhavana Marg, Bhandary Estate, Kurla (E), Mumbai - 400 070.

Tel. : +91-7400187906 / 8828800735 • Email: matrubhumisociety@yahoo.com.in

RECURRING DEPOSIT ACCOUNT OPENING FORM

For Society Use only ; Membership No. _____ Account No. _____ Branch _____ Date _____

I/We deposit Rs. _____ & request you to open Recurring Deposit A/c for ____ Year ____ Months as under mentioned details.

Photograph of A/C Holder - 1	Photograph of A/C Holder - 2/Guardian	KYC Updated ☐ Yes ☐ No	Specimen Signature
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Please fill all details BELOW in **CAPITAL LETTERS** only

Name : _____		Name : _____				
Address: _____ _____		Address: _____ _____				
Pin code : _____		Pin code : _____				
Mobile No : _____ Telephone No. : _____		Mobile No : _____ Telephone No. : _____				
DOB ____/____/____ PAN CARD _____		DOB ____/____/____ PAN CARD _____				
Mode of Operation	☐ Self	☐ Either or Survivor	☐ Anyone	☐ Jointly by all	☐ Father or Mother Natural Guardian	☐ Others _____
Mode of Payment	☐ Cash Receipt No : _____		☐ Receipt No : _____ Cheque No : _____ Cheque Date : _____ Bank Name : _____ Branch : _____		☐ Voucher No: _____	
BANK DETAILS for payment	A/c No. _____ Bank _____		Branch _____ IFSC _____ MICR _____			
Rate of Interest	INTRODUCTION Name : _____ Membership No : _____					

I/We nominate Mr./ Ms. _____
Relationship if any _____ Age _____ in case the nominee is Minor I/We appoint _____
_____ relationship with minor _____ to receive the amount of deposit on behalf of the
nominee in the event of my/our/minor's death during the minority of the nominee.

Signature of Witness : _____ Name : _____ Address : _____ Date : _____ Telephone No. : _____	Signature of Applicant _____ Signature of the Joint Applicant _____ Date : _____
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Signature of the Office/Manager & Date	Signature of account holder/s
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