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. : 7400187906 / 8828800735 • Email : matrubhumisociety@yahoo.co.in

To,
The Hon. Secretary
Matrubhumi Co. op. Credit Society Ltd.
Mumbai

Date _____

Dear Sir / Madam,

Ref. : My Membership No._____
Sub. : Opening of Saving Account.

Please open a Saving Deposit A/c. in my / our name/s with an initial deposit of Rs. _____
I / We agree to comply with and be bound by the society's rules for the time being in force for conduct of savings account and maintain a minimum balance of Rs. 100/- in this Account at any time.

We also request you to furnish us with a Pass Book & Receipts. My / our specimen signature/s is / are given below :

Yours faithfully,

Name /s

Specimen Signature/s

1) _____

A._____
B._____

2) _____

A._____
B._____

Occupation : _____ Age : _____ Birth Date : _____
(In case of Minor's A/c.)

PAN / GIR NO : _____

Residential Address : _____

_____ Tel. No. _____

E-mail _____ Fax No. _____ Mobile No. _____

Residential Address : _____

_____ Tel. No. _____

Introduced By : Name _____ Signature _____

Membership No. _____S. B. A/c. No. _____ Address : _____

_____

NOMINATION :

I hereby nominate the below mentioned person/s to receive the money, standing to the credit of the above account, in the event of my death. Payment to the nominee would be a full & valid discharge to the society.

Name of Nominee	Address	Relationship	Age
1.			

(In case of minor/s, please furnish Date of Birth)
*Delete whichever is not applicable

(**Minimum Amount for account opening Rs. 250/-)

PLEASE USE NOMINATION FACILITY

(FOR OFFICE USE ONLY)

Introducer's signature verified from the records/ self introduction as per Identity Card No. /

Ticket No. _____ issued by _____

☐ Saving Account No. _____dated _____

_____
Office / Manager