



Sree Manjunatha Credit Co-Operative Society Ltd. (R)

SL No. DRB-3/Regd./01/42157/2019-20

APPLICATION FORM FOR FIXED DEPOSIT

To,
The Secretary / Managing Director
Sree Manjunatha Credit Co-Operative Society Ltd.

Date: _____

I / we request to open a Fixed Deposit Account with you for which I / we will deposit ₹ _____
in words (_____)

Title of A/c Mr. / Mrs. / Ms _____

Choice of Account : (Please Tick)

☐ Reinvestment ☐ Automatic Renewal ☐ Fixed – Credit monthly / quarterly interest to my A/c

Mode of Operation: (Please Tick)

☐ Single ☐ Any one ☐ Jointly by all

Frequency of Interest Credit: (Please Tick)

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

PERSONAL INFORMATION

Applicant	First Name	Middle Name	Surname
1 st Applicant			
2 nd Applicant			
3 rd Applicant			

Applicant	Date of Birth (DD/MM/YYYY)	*PAN	*UID No.	Gender (M/F/T)	Relationship with First Applicant
1 st Applicant					
2 nd Applicant					
3 rd Applicant					

*Please attach form 60 in case of non-availability of PAN / UID No.

Full Mailing Address (Capital Letters):

Current Address			
	Pin:		
	State:	Telephone :	
	Mobile:	E-Mail:	
Permanent Address			
	Pin:		
	State:	Telephone :	
	Mobile:	E-Mail:	

Occupation : (Please Tick)

☐ Service ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ _____

Annual Household Income (in ₹) : (Please Tick)

☐ Up to 60000 ☐ 60001 to 120000 ☐ 120001 to 240000 ☐ 240001 to 360000 ☐ 360001 & above

Proof of Address submitted (Individuals) : (Please Tick)

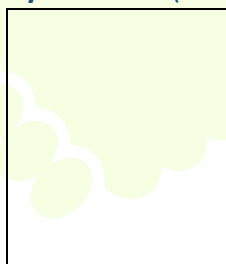
- ☐ Passport Copy ☐ Voter's ID Card ☐ Employer's ID Card ☐ Driving License
☐ Aadhaar Card ☐ Latest Telephone Bill ☐ Latest Electricity Bill ☐ Gas Connection Receipt

Declaration / Undertaking :

1. I/we declare that I/we have read and agreed upon the rules and regulations of Sree Manjunatha Credit Co-Operative Society Ltd. in force and also framed from time to time by the society.
2. I/we authorize the society to invest amount in my/our investment Deposit Account in any profitable business on profit loss sharing system. I/we hereby indemnify the society and its office bearers from any loss that might occur in business on normal market risk.
3. I/we agree to refer our problem, in case of any dispute, to Grievance Redressal Cell of Society whose decision will be binding on me/us. One of my representative will join Grievance Redressal Cell for discussion and decision.

Declaration in case of Minor Account opened by a member :

I hereby declare that the date of birth is ____/____/____ of the minor who is my _____ and I am his/her natural guardian / lawful guardian appointment. I shall represent the said minor in all future transactions of any description in the above account till the minor attains majority. I indemnify the society of the claim of the above minor for any withdrawal / transactions made by me in his/her account.

Name of the Guardian :**Address :****Signature of Guardian****Signature in the presence of Society Officials: (One signature across the photograph)**1st Applicant2nd Applicant3rd Applicant**FOR OFFICE USE ONLY:**

Membership Number :		FD Account Number :	
Amount Deposited :	₹	Receipt Number :	
First Instalment Date:		Last Instalment Date:	
Issue Date :		Maturity Date :	
Period in Months :		Rate of interest per annum:	%
Interest Payable :	Monthly / Yearly	Maturity Amount :	₹
Application verified by Name:	Authorised by Secretary / Managing Director : Name:		
Signature:	Signature:		

Registered Office : No. 2, Basavanapura Main Road, Manjunatha Layout,
Aiyappanagara, K R Puram, Bangalore – 560036

E Mail : smccsociety2019@gmail.com **Website :** www.smccsociety.com

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