

ISO 9001-2015 Certified

Regd. No. MSCS/CR/818/2013



GODAVARI URBAN



MULTISTATE CREDIT CO-OP. SOCIETY LTD; NANDED

Head Office : Suryavanshi Complex, Taroda Naka, Nanded Contact No. (02462) 267277
Email : headoffice@godavariurbanmultistate.org web : www.godavariurbanmultistate.com

Fixed Deposit / Re-Investment Account Opening Form

To,
The Manager,
Godavari Urban Multistate Credit Co-Op. Society Ltd; Nanded

Respected sir,

I / We _____ Request that

in your society I have to open Fixed Deposit / Re-Investment Account. So I deposit Rs.: _____

in words : _____ Year : _____ Month: _____

Days : _____ for the term : _____ Interest Rate : _____

I / We have read rules of this scheme. I / We agree with these rules & variations.

In my absence this amount is to be given to Mr. / Mrs. / Miss : _____

I / We are nominated to them.

Date: _____

Yours Faithfully

Account Holder's full Name : _____

Address: _____

Age : _____ Occupation : _____ Mob No.: _____

If account holder is Minor, His date of birth : _____

Special advice for transactions : _____

Specimen Signature

1) _____ 2) _____ 3) _____

Name of the Introducer : _____

Account No : _____

Signature : _____

Account No : _____

Signature Checked & Account Opened

Deposit receipt's No.: _____

Manager