

THE UNION BANK OF INDIA EMPLOYEES CO-OP CREDIT SOCIETY LTD.

(Regd. No. BOM/RSR/354/03-06-1967)

66/80, Union Bank Bldg, R.No 19, M.S.Marg, Fort, Mumbai – 400001. Tel No : 2267 7718/22629484

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DHANLAKSHMI

FIXED DEPOSIT ACCOUNT OPENING FORM

Society A/C NO: **3 1 7 9 0 4 0 4 0 0 3 5 0 6 7**

To,
The Chairman/Secretary,
The Union Bank Of India Employees Co-Op credit Society Ltd,
Mumbai – 400 001.

Sir,
(1) I request you to open a Fixed Deposit Account for Rs. _____ (Rupees _____) for _____ years.

(2) I tender CBS/Cheque No. _____ dated _____ for Rs. _____ drawn on _____ against this said Deposit.

(3) The particular of this Deposit is as under :-

Name of Depositor		
(Surname)	(Name)	(Father/Husband Name)

I Nominate Shri/Smt.		
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(4) I authorize you to pay the deposit on maturity against duly discharged Fixed Deposit Receipt.

(5) I have agreed the terms and conditions of this Deposit Scheme mentioned overleaf.

(6) I hereby request you to make payment of interest :

Monthly		Quarterly		Half Yearly		Yearly		On Maturity	
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(Put X in the appropriate column.)

Address of Depositor : _____

Mob. No. _____

Pan card No. _____

Adhar card No. _____

BRANCH :- _____

P. F. NO :- _____

Place : _____ Date : _____

Signature of Depositor _____

OFFICE USE ONLY

P.F.NO :- _____ MEMBERSHIP NO :- _____ BRANCH :- _____

DATE OF DEPOSIT ____/____/____ AMOUNT _____

DATE OF MATURITY ____/____/____ RATE OF INTEREST _____%

MODE OF PAYMENT OF INTEREST :-

Monthly		Quarterly		Half Yearly		Yearly		On Maturity	
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FIXED DEPOSIT RECEIPT NO _____

CHAIRMAN

HON. SECRETARY

TREASURER

MANAGER / OFFICER