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 : 022 35114246/ 22629484
Email ID : ubicrsoc@gmail.com Website : unionbankcreditsociety.com WhatsApp No : 9833185584

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.			

(4) Nominee (Mob No) : _____

(5) I authorize you to pay the deposit on maturity against duly discharged Fixed Deposit Receipt.

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

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

MONTHLY		QUARTERLY		ON MATURITY	

(Put X in the appropriate column.)

Address of Depositor : _____

_____

_____

Mob. No. _____

Pan card No. _____

Adhar card No._____

Birth Date :- _____

Age :- _____

P.F. NO :- _____

_____

Signature of Depositor

Place : Date :

OFFICE USE ONLY

P. F. NO :_____ MEMBERSHIP NO : _____ AMOUNT : _____

DATE OF DEPOSIT :____/____/_____ DATE OF MATURITY :___/___/_____ RATE OF INTEREST :_____%

MODE OF PAYMENT OF INTEREST :-

MONTHLY		QUARTERLY		ON MATURITY	

FIXED DEPOSIT RECIEPT NO : _____

CHAIRMAN **VICE CHAIRMAN** **HON.SECRETARY** **TREASURER** **MANAGER**