

**FIXED DEPOSIT APPLICATION**

TO

**The Ernakulam District Co-operative Employees'  
Housing Co-operative Society Ltd., No.E-933**

Sitaram Complex, 1st Floor, Chittoor Road, Kacheripady, Kochi- 18 ☎ : 0484 2384248

Dear Sirs,

Please receive the sum of Rupees.....

.....sent herewith as detailed below.

Cash	.....	Rs.
Cheque/D.D. No.....	.....	Rs. _____
Total	.....	Rs. <u>                    </u>

As a\*..... Fixed Deposit repayable.....  
.....months after date bearing interest at the rate of .....percent  
per annum as per your rules and issue a receipt in the name of .....

The Specimen signature are also attached.

Yours faithfully,

Signature.....

Place..... Name & Address.....

Date.....

\* If the deposit in more than one name, please say if it is a 'Joint of Either or survivor' deposit.

**SPECIMEN SIGNATURE OF DEPOSITOR(S)**

1. ....
2. ....
3. ....

(See overleaf for nomination form)

**Form DA I**

**(Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(i) of the Banking Companies [Nomination] Rules 1985)**

I / We.....

hereby nominate the following person to whom in the event of My / Our / Minor's death to receive the amount of deposit as per A/c. No.....

- 1. Nature of A/c .....
- 2. Distinguishing No. ....
- 3. Additional details if any .....
- 4. Name and Address of Nominee .....
- 5. Age of Nominee .....
- 6. If nominee is a minor, his/her date of birth .....
- 7. Relationship with depositor .....

As the nominee is a minor on this date I / We appoint Shri / Smt.....

.....(Name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Place.....

Date..... Signature(s) Thump impression(s) of Depositor(s)

Signature, Name and .....

address of witness .....