



# RESERVE BANK OFFICERS' CO-OPERATIVE CREDIT SOCIETY LTD.

(Regd. No. BOM / BANK / 32-1967)

Main Office : C/o. Reserve Bank of India, Amar Building, 3rd Floor, Sir P. M. Road, Fort Mumbai - 400 001.  
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## TERM / RECURRING DEPOSIT ACCOUNT OPENING FORM

Branch : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / 20

Membership No.: \_\_\_\_\_ Ledger No.: \_\_\_\_\_ SB A/C No. \_\_\_\_\_ FD No. \_\_\_\_\_  
RD No. \_\_\_\_\_

Please Open an account as per details given below :

Term Deposit / Recurring Deposit Amount : ₹ \_\_\_\_\_ Rupees \_\_\_\_\_

\_\_\_\_\_ Only.

Duration \_\_\_\_\_ Rate of Interest \_\_\_\_\_

Name : (Shri / Smt/ Kum) \_\_\_\_\_

Designation : \_\_\_\_\_ Dept / Centre : \_\_\_\_\_

Mob No.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ E-mail id : \_\_\_\_\_ Pan No. : \_\_\_\_\_

Declaration :

I wish to open a Term Deposit / Recurring Deposit with our Society, I have read and understood the rules of Term Deposit / Recurring Deposit. I hereby agree to abide with these rules and also the rules being amended from time to time of the Term Deposit / Recurring Deposit A/c. I request you to open Term Deposit / Recurring Deposit with one time basis / monthly basis.

Signature: 1) \_\_\_\_\_

2) \_\_\_\_\_

**Instruction - About Recurring Deposit :**

Installment per month for Recurring Deposit A/c. ₹ \_\_\_\_\_ may be recovered by debit to my SB A/c. No. \_\_\_\_\_

**For Nominal Members 15H Form to be submitted**

**NOMINATION FORM - DA -1**

nomination under section 45 ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination ) Rules, 1985 in respect of bank deposits.

I (Name & Address) : \_\_\_\_\_

nominate the following person to whom in the event of my death, the amount of deposit, particulars whereof are given below, may be returned by The Reserve Bank Officers' Co-op. Credit Society Ltd.

Name of Nominee	Relationship	Age	If Norminee is a minor His / Her date of birth

As the nominee is a minor on this date, I appoint Mr/ Mrs / Ms. (Name address & age)

to receive the amount of the deposit on behalf of the nominee in the event of my death during the minority of the nominee

Signature of Member

**For Office Use Only**

1st installment received on \_\_\_\_\_ by debit to SB A/c. No. \_\_\_\_\_

Last installment due on : \_\_\_\_\_ Maturity on : \_\_\_\_\_

Maturity amount ₹ \_\_\_\_\_

Clerk / AO / Dy. Mgr.