

# The Citizen Co-operative Bank Ltd.

H. O. 'Lakshdeep' Appt.  
Vasco-da-Gama, Goa - 403 802.

To,  
The Manager,  
The Citizen Co-operative Bank Ltd.,  
\_\_\_\_\_ Branch

Monthly Recurring / Suidha
Deposit A/c. No. _____
CIN : _____

Dear Sir,

I/We wish to open a Monthly Recurring / Suidha Deposit Account with The Citizen Co-operative Bank Ltd. and herewith deposit a sum of Rs. \_\_\_\_\_ towards the first Monthly deposit under the Scheme of \_\_\_\_\_ Monthly instalments.

I/We also hereby undertake to deposit a sum of Rs. \_\_\_\_\_ every month on or before the due date of each calendar month and agree to receive such amount as may be due to me/us as per the Rules after 30 days of my/our having paid the final instalment due under the above mentioned scheme. Please debit my SB/C. A/c. No. \_\_\_\_\_ with Rs. \_\_\_\_\_ towards my monthly instalment every month.

I/We declare that I/We have read the Rules relating to Monthly Recurring /Suidha Deposit Accounts and that I/We accept them and consider them as binding on me /us.

Name (s) : \_\_\_\_\_

Address (s) : \_\_\_\_\_

Special instructions : \_\_\_\_\_

Occupation : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Yours faithfully,

Full name (s) in Block Letters :

Specimen Signature :

\_\_\_\_\_ will sign as \_\_\_\_\_

\_\_\_\_\_ " " " \_\_\_\_\_

\_\_\_\_\_ " " " \_\_\_\_\_

Date :

### FOR BANK'S USE ONLY

Signature of introducer verified by \_\_\_\_\_

For Customer profile refer to A/c opening form of SB/CA/c/FD A/c No. \_\_\_\_\_

Opening of account authorised by \_\_\_\_\_

Authorised Signatures recorded by \_\_\_\_\_

Account opened by \_\_\_\_\_

**N. B.** In case an applicant is a minor but has attained 14 years, complete the following information.

I have attained 14 years, on \_\_\_\_\_ (date) and I enclose a copy of my Birth Certificate for verification \_\_\_\_\_  
I shall be 18 years on \_\_\_\_\_ (date)

I/We wish to open a Monthly Recurring Deposit Account with The Citizen Co-operative Bank Ltd. and herewith deposit a sum of Rs. \_\_\_\_\_ towards the first Monthly deposit under the Scheme of \_\_\_\_\_ Monthly instalments.

I/We also hereby undertake to deposit a sum of Rs. \_\_\_\_\_ every month on or before the due date of each calendar month and agree to receive such amount as may be due to me/us as per the Rules after 30 days of my/our having \_\_\_\_\_ under the above mentioned scheme.  
Please debit my SBCA/C No. \_\_\_\_\_ with Rs. \_\_\_\_\_ towards my monthly instalment every month.

**NOMINATION FORM**

I/We \_\_\_\_\_ Name (s) \_\_\_\_\_ nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account may be returned by The Citizen Co-op. Bank Ltd.

Name & Address	Relationship with Depositor, if any	Age	If Nominee is a minor his / her date of birth
_____	_____	_____	_____

\* As the nominee is a minor on this date, I/We appoint \_\_\_\_\_ (Name, Address & Age)

\_\_\_\_\_ to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee

Name, Signature of Witness & Address \_\_\_\_\_  
Place \_\_\_\_\_  
\* Strike out if nominee is not a minor \_\_\_\_\_  
Date \_\_\_\_\_

+ Signature (s) of depositor (s) \_\_\_\_\_  
+ Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor \_\_\_\_\_