



The Jalpaiguri Central Co-operative Bank Ltd.
Temple Street, Jalpaiguri

..... Branch

Recurring Deposit A.C. No.

Date:

Place:

Gentleman,

I/We request you to admit me/us to subscribe to the Recurring Deposit Scheme.

I/We hereby undertake to deposit a sum of Rs. every month on or before the last working day of that month and agree to receive Rs..... as maturity amount 30days after the last installment of the installments which I/We have undertaken to pay.

I/We have read and understood the banks rule for recurring deposit and agree to be bounded by them.

Period

Rate of Interest

Name of the Depositor (IN BLOCK LETTER)

1.

2.

3.

Name of the Guardian

Date of Birth

Senior Citizen : Yes / No.

Permanent Address

Present Address

Contact no.

Occupation:

Yours faithfully,



The Jalpaiguri Central Co-operative Bank Ltd.
Temple Street, Jalpaiguri
..... Branch

Signature of Depositor

SPECIMEN SIGNATURE			
SPECIAL INSTRUCTION			

Date of Opening:

Installment Amount:

Date of maturity:

Maturity Amount:

Authenticated By
Branch Officials Signature with Seal