

**The. A.P. Raja Rajeswari Mahila Co-operative Urban Bank Ltd**  
**HYDERABAD**

Branch.....

Date.....

**APPLICATION FOR FIXED DEPOSIT**

Name of the Depositor in Full .....

Profession / Occupation .....

Address.....

.....

Phone..... Date of Birth.....

Amount of Deposit Rs.....(Rupees.....

.....Only) Period of

Deposit.....years / months, rate of interest.....percent P.A.

Kindly issue a Fixed Deposit Receipt to me / us for the amount noted above. I / We agree to abide by the rules printed over leaf which are for the time being in force and which may at any time be brought into force for conduct of Fixed Deposit Account(s)

**Instructions:**

Signature of Depositor(s)

1) Transfer of Interest to:.....2) Automatic Renewal: YES / NO.

**Introduced by:**

Signature.....Account No.....

Name.....

Address.....

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Fixed Deposit Receipt No.....Ledger Folio No.....

**Specimen Signature (s)**

1.....

2.....

3.....

Manager / Officer

**RULES RELATING TO FIXED DEPOSIT ACCOUNTS**

1. The Bank is not bound to give notice of maturity of Fixed Deposit.
2. Interest will cease from the date fixed for repayment.
3. Payment to either or to survivor in the case of deposits by two persons, any payment to any one depositor or survivor In the case of deposits by three or more persons will completely discharge the Bank.
4. Renewal of Fixed Deposit in the name of either or survivor in the case of deposits by two persons and renewal of a fixed deposit in the name of any one person has the same effect as payment under Rule 3 supra and will completely discharge the Bank.
5. Renewal of Fixed Deposits on maturity entirely at the option of the Bank.
6. The rate of interest payable on the deposit is subject to change as per the decisions of the Board of Directors of the Bank.
7. TDS will be deducted from the interest paid if the same is more than Rs. 10000/- p.a. as per rules inforce if no 15G/15H form not submitted along with PAN number every year.

I / We agree to the above mentioned conditions.

Date.....

Signature of Depositor(s)

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**DECLARATION TO BE SIGNED BY THE GUARDIAN  
IN THE CASE OF AN ACCOUNT IN THE NAME OF A MINOR**

I hereby declare that I am the natural/legal/defacto guardian of the minor in whose name the Fixed Deposit Receipt is applied by for me, as on the reverse hereby declare that age of the said minor today is.....years. The minor attains majority on.....

Signature of the Guardian