

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

Administrative Office : 7-1-70, Arunodaya, Dharam Karan Road.  
Ameerpet, Hyderabad - 500 016

## APPLICATION FOR A RECURRING DEPOSIT ACCOUNT

To  
The Manager,  
The A.P. Raja Rajeswari Mahila  
Co-operative Urban Bank Ltd.,  
Ameeret, Hyderabad.  
Sir,

A/c No. ....L.F.....
Period.....
Instalment Rs.....P.M
Signature of the Officer

I / We Hereby agree to subscribe for a period of.....  
months a sum of Rs..... per month to Recurring Deposit Account in the  
name(s) of.....

I / We have read the rules governing the Recurring Deposit Accounts and I / We  
agree to abide by them or any other rules which may be framed from time to time.

I / We declare the following statement is true :

1. Name .....
2. Father's / Husband's Name .....
3. Age.....
4. Profession or Occupation... ..
5. Residential address (in full) .....

### Introduced by :

Signature .....

Account No.....

Name.....

Address.. ..

Date

Signature

### Specimen Signature (s)

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Manager