



MAA JHANDEWALI
CO-OPERATIVE URBAN THRIFT & CREDIT SOCIETY LTD.
Registered Under the Delhi Co-operative Societies Act-35 of 1972

145, 1st Floor, DDA Office Complex, C.M. Jhandewalan Extension, New Delhi-110055
Ph. : 011-41540590 E-mail : info@maajhandewali.com Website : www.maajhandewali.com

No.

APPLICATION FORM FOR SENIOR MEMBERS' DEPOSIT SCHEME

(Please write in BLOCK LETTERS and tick ☐ the appropriate Box)

- ☐ Sr. Members MIS (Monthly Interest Payment)- 1 Yr. / 2 Yrs. / 3 Yrs. / 4 Yrs.
☐ Sr. Members RDS - (Half Yearly Interest Accured) - 4 Years
☐ Sr. Members Special Dep. Scheme (Quarterly Interest Payment) - 1 Yr. / 2 Yrs. / 3 Yrs. / 4 Yrs.

I hereby apply for opening of a Deposit Account under Senior Members' Deposit Scheme (As Above) a per details given below :

Name(s) of Member :	Date
Mr/Ms	
	Membership No.
Date of Birth	

Address of Member :	
Pin	
Tel.(Res)	Off.
Mobile	E-mail

Nomination (Optional)	
Name of Nominee	
Relation	
Guardian's Name (If nominee is a minor)	
Address of Nominee	
Signature of Nominee	

Payment Details	
Cash/DD/Cheque No.	Dated
Drown on	Amount
(Bank Branch)	

Bank Details (Bank/Branch) (For payment of interest)	
Bank Name & Branch :	
Account No.	IFSC Code

PHOTOCOPY OF CANCELLED CHEQUE ENCLOSED

I hereby declare that above information is true to the best of my knowledge and belief.

Signature of Member	Full Signature	Specimen Signature
Space of Office Use		
M.I.P.		
Receipt No. _____ Dated _____ Rs. _____		
(Rupees in word) _____ Issued. _____ Signature of Issuing Authority		