



# KNS BANK

दि कुर्ला नागरिक सहकारी बँक लि. • The Kurla Nagarik Sahakari Bank Ltd.

CUSTOMER NUMBER
ACCOUNT NUMBER

Branch Manager,  
..... Branch

Date .....

Dear Sir,

## Request to Open Recurring Deposit Account

I/We desire to open a Recurring Deposit account with you and agree to deposit a sum of Rs. .... per month for ..... months. I/We have read the Rules governing the said deposit scheme and I/We hereby declare that the same are acceptable and binding upon me/us.

The said deposit on or before the maturity be repayed to (Tick ✓)

- Myself / Guardian.
- Either or Survivor.
- Former or Survivor.
- Both of us jointly or the Survivor of us.
- Any ..... of us or any ..... of Survivors of us or the last Survivor.

FULL NAME (S) (IN BLOCK LETTER)	SIGNATURE (S)
[1] ..... OCCUPATION :	
[2] ..... OCCUPATION :	
Minor's Name ..... D.O.B.:	
Guardian Name .....	Guardian Signature

Full Address of {

Residence : .....

Mobile No. : ..... Tel. No. : .....

Email : .....

Occupation : .....

Introduced by ..... A/c. No. .... Sign .....

Address : .....

Name of Nominee : ..... Relation ..... Age .....

Address of Nominee : .....

Ledger Clerk

Supervisor

Branch Manager