

Deposit Opening Form

Taqwa Credit Co operative Society Ltd.

P.O. BOX No. 25 Bhatkal Branch, Bhatkal-581 320

GHANA FIXED DEPOSIT FIXED DEPOSIT

WAKALA DEPOSIT OTHERS _____

Name: _____

Nominee name _____

Period: _____ (years) _____ Month(s) _____ Days.

Amount Rs. _____ (in Words) _____

DATE: ___/___/20___

Voucher No : _____

PAN card no : _____

A/c No : _____

Profit payable to A/c _____

Expected Rate of Profit _____ %

Please Debit my bank account no: _____

Cash Cheque Other

Maturity Instruction

Payment instruction (Maturity Proceeds /Residual Amount):

Auto renew principal

Auto closure

Auto renew principal & Profit

____ Year(s) ____ Months ____ days

By credit to my bank account no.

Pay principal & Profit

Pay principal

Pay Profit

FOR OFFICE USE

Account Opened on:

Date: ___/___/20___

(Authorised Signatory)

(Signature of the Depositor)

Note: I/ we have read and understood the Terms and Condition of the product(s) as described in the captioned agreement of this application and agree to abide by Rules and Regulations of Taqwa Credit Cooperative Society Ltd and amend them from time to time and same as mentioned on the website: www.taqwabanking.com.