



# SNEHA MUTUALLY AIDED CO-OPERATIVE SOCIETY LTD.

Regd. No. AMC/VSP/DCO/2008/2446

D.No. 50-61-3, Rajendranagar, Seethammapeta, Visakhapatnam



Please open an Account as detailed below

Account No.

(To be allotted by the Society)



- Fixed Deposit
- Recurring Deposit : Period \_\_\_\_\_ Monthly Depo \_\_\_\_\_
- Term Deposit : Period \_\_\_\_\_ Deposit Rs. \_\_\_\_\_

1. M/s. Sri/Smt. :

2. S/o. / W/o. D/o :

3. Date of Birth :

4. Occupation :

5. Address :

6. Full Address :

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### MODE OF OPERATION

- SINGLY  JOINTLY
- EITHER OR SURVIVOR  INTEREST : Monthly / Qtrly.

### NOMINATION FACILITY

- Required (Please complete the form on the reverse)
- Not required at present

### DECLARATION

I/We agree to copaly with the rules and Bye-laws of the Society in force from time to time governing the conduct of the account and agree to be bound by the Society

Date \_\_\_\_\_

1. Applicant's Signature \_\_\_\_\_

**INTRODUCED BY**

I/We confirm the identity occupation and address of the applicants

Name :

Account No. : Introducer's Signature

**NOMINATION FORM DA 1**

PHOTOGRAPH  
I/We

Name(s)

Nominate the following persons to whom in the event of my / our / minor's death the amount of deposit in the account may be returned by .....

Name & Address	Relation ship with Depositor, if any	Age	If Nominee is a minor his/ her date of birth

As the nominee is a minor on this date. I/We appoint

\_\_\_\_\_ (Name, Address & Age)

\_\_\_\_\_ to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

\_\_\_\_\_  
Name Address & Signature of Witness

\_\_\_\_\_  
Place

Strike out if nominee is not a minor

\_\_\_\_\_  
Date

**FOR SOCIETY USE ONLY**

Opening of account authorised by \_\_\_\_\_

Account opened by \_\_\_\_\_

\_\_\_\_\_  
Signature(s) depositor(s)

Where deposit is made in the name of a minor the nomination should be signed by a person lawful entitled to act on behalf of the minor

\_\_\_\_\_  
Date