

The Manager,

F. No. _____



मॅको बँक

**THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES
CO-OPERATIVE BANK LTD.**

MANTRALAYA, MUMBAI - 400 032.

RECURRING ACCOUNT OPENING FORM

Br. _____

_____20

Sir / Madam

Being desirous of Opening a Recurring Deposit Account with **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICE CO-OPERATIVE BANK LIMITED MUMBAI**, I/We hereby hand you a sum of Rs. _____ towards the first monthly deposit under the scheme of 12/24/36/48/60 instalments.

I/We also hereby undertake to deposit a sum of Rs. _____ every month on or before the _____ day of that month and agree to receive Rs. _____ 30 days after the 12th, 24th, 36th, 48th, 60th, instalment is paid in full by me/us.

I/We hereby declare that **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LIMITED**. Recurring Deposit Account Rules have been read and that I/We accept them as binding upon me/us.

Name(s) of the

account holder(s) _____

Member No. _____

Special instructions _____

Office Address : _____

_____ Tel. No. Off. _____ Res. _____

Residential Address : _____

_____ Tel. No. Off. _____ Res. _____

Name of the Nominee _____ Relation _____

& his address _____ Age _____

Yours faithfully

Signature

Full Names in Block Letters

Specimen Signature

1. _____ Will sign as _____

2. _____ _____

Accountant

Manager