



APPLICATION FOR FIXED / LAKSHMINARAYANA CASH CERTIFICATE

ಶ್ರೀ ಲಕ್ಷ್ಮೀನಾರಾಯಣ ಕೋ-ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿಮಿಟೆಡ್  
SRI LAKSHMINARAYANA CO-OPERATIVE BANK LIMITED.

No. 1627/2, Park Road, Ramamohanpura, Bengaluru-560 021 Ph : 23320489

To,  
The Chief Executive Officer  
Sri Lakshminarayana Co-op. Bank Ltd.,  
Branch :

PAN No.

MEMBER / NON MEMBER

If, Member,

Membership No.....

Receipt No..... Br. Sl. No.....

A/c.No.....

I/We tender herewith cash/cheque or through A/C transfer for Rs.....(Rupees.....)

Please issue FIXED / Sri Lakshminarayana Cash Certificate in the following name/s Individually / Jointly / either or Survivor :

Name/s.....Age.....Yrs.

S/o., D/o, W/o..... Date of Birth (If minor / Senior Citizen).....  
(Please submit proof for Senior Citizen)

Address..... Period of deposit.....

Interest at .....% p.a.

Instructions if any

1. The Principal amount of the Deposit together  
with interest there on payable to

1. Either or Survivor  4. Any of us or any of Survivor  
2. Former or Survivor  of the last survivor   
3. Both of us Jointly or Survivor  5. Jointly to all of us   
(Please mark your option)

Phone

Mobile No.

E-mail

II. Credit Monthly / Quarterly interest to S.B. A/c.....

I/We have read the rules relating to **Fixed / SLN Cash Certificate** and I/We agree to comply with and be bound by them.

I/We note that the rate of interest payable on the deposit is subject to the directives that may be issued by Reserve Bank of India From time to time and that such rate of interest shall be binding on me/us.

Place : Bangalore

Date :

Depositor's Signature

Specimen Signatures

**SLNC BANK - everyone's bank**

## Acknowledgement of Application for Fixed Deposit / Cash Certificate

Date : \_\_\_\_\_

Membership No. : \_\_\_\_\_

Amount : (in words) \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Cash

Transaction

**Nomination Form No. DA -1**

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

I/We.....  
 .....

(Name/s and Address/es nominate the following person to whom in the event of my/our/ minor's death the amount of the deposit, particulars whereof are given below, may be returned by the **General Manager / Branch Manager, Sri Lakshminarayana Co-op. Bank Limited.** Branch.....Bangalore.

DEPOSIT		NOMINEE			
Nature	Distinguishing No.	Name & Address	Relationship	Age	If nominee is minor, D.O.B

2. As the nominee is a minor\* on this date, I/We appoint (name, address and age)

Sri/Smt.....

.....to receive the amount of the deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Place : Bangalore

Date :

\*\* Signature(s)/Thumb impressions(s)  
of depositor(s)

\*\*\* Witnesses

1. Signature :  
 Name :  
 Address :

2. Signature :  
 Name :  
 Address :

\* Strike off if nominee is not a minor

\*\* Where deposit is made in the name of a minor, the nomination should be signed by a person

\*\* Thumb impression(s) shall be attested by two witnesses.

	<b>For OFFICE USE ONLY</b>	<b>Deposit No.</b>
Voucher no.	Deposit Amount	
Date of Opening.....	Rs.....	
Assistant	Asst.Acct./Accountant	Chief Executive Officer