



**3. Special Instruction.**

Please deduct the amount of monthly installment of my / our Recurring Deposit account from my / our Savings / Current Account No.

on and from  till the last installment.

OR

Please transfer the quarterly / monthly interest of my / our Fixed Deposit / MIS Account to my / our Savings / Current Account No.  till the maturity of above said Deposit.

**4. Declaration :**

I / We have read (a) the Account Rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account(s) which I / We am / are opening / will open with Purulia Central Co-Operative Bank Ltd. and (b) amendments to the rules made from time to time and those relating to various services availed by me / us. I / We understand that the Bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me / us. I / We have also been made aware of the changes applicable on various services provided by the Bank. I / We authorize the Bank to debit my account for recovery of service charges / incidental charges as applicable for time to time. I / We hereby declare that the information furnished above is true and correct to the best of my / our knowledge.

1. .... Full Signature / Thumb Impression of Applicant or Authorized Signatory      2. .... Full Signature / Thumb Impression of Applicant or Authorized Signatory

3. .... Full Signature / Thumb Impression of Applicant or Authorized Signatory      4. .... Full Signature / Thumb Impression of Applicant or Authorized Signatory

**6. Special Declaration in case of minor account :**

I do hereby declare that the date of birth of the minor is  who is my (relationship)  and I am his/her guardian/lawful guardian appointed vide court order dated  (Copy enclosed) I Shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor of any withdrawal / transactions made by me in his / her account.

Full Signature / Thumb Impression of the guardian

**7. Mode of Operation.....**

1. .... Specimen Signature / Thumb Impression      2. .... Specimen Signature / Thumb Impression

3. .... Specimen Signature / Thumb Impression      4. .... Specimen Signature / Thumb Impression

**Checked and verified by Branch Manager or Authorized Signatory of the Bank**

**For Office use only**

SS/FD/MIS/RD/Spl. Dep. Account No.

Principal / Installment amount Rs. .... (Rs. .... only)

For the period or No. of installment ..... Rate of interest .....% Date of Maturity ...../...../.....Maturity amount

Rs. .... (Rs. .... only)

Or Monthly / Quarterly interest to be transferred Rs. .... (Rs. .... only)

Signature of Branch Manager or Authorized Signatory or the Bank with Seal and Date