

Durgapur Mahila Co-operative Bank Limited

CITY CENTRE • DURGAPUR - 713216

MONTHLY INCOME SCHEME ACCOUNT OPENING CARD

Date -

Please open a MIS Account in my / our name(s) I / We here by declare that MIS rules of the Bank have been read by me / us, to me / us and that I / We accept them as binding upon me / us.

Full Name.....

(in block letters)

Fathers / Husband's Name.....

Specimen Signature (S).....

Address.....

Mode of operation (See overleaf for details)

Signature(s) Verified

Account No

Authorised Officer

Maturity Date

Folio..... A/c. No.....

Occupation..... Tel. No.....

SPECIAL INSTRUCTIONS (For Joint Account only)

The account is to be operated upon by :

1. Either or Survivor 2. Jointly or Survivor 3. Former or Survivor
4. Later or Survivor 5. Nominee.....

I / We tender herewith by Cash / Cheque / Draft (as per enclosed pay-in-slip) a sum of
Rs..... (Rupees.....)
.....) which may please be placed in
.....Days / Months / Year / MIS Deposit as per your existing rate of
interest of..... %p.a. and I / We further agree to abide by RBI Directives on
Interest Rates on deposit and allied matters.

Specimen Signature (s).....

PLEASE OPEN

Introduced by.....

SB / Current Account No. etc.....

Tel. No. :

Chair Person / Secretary