

R.D. ACCOUNT OPENING FORM

Dated

To
The Manager,
The Rajasthan State Co-operative Bank Ltd.
Branch

STAFF/INDIVIDUAL

Dear Sir,

I/We have to request you to open a Recurring Deposits Account in your Bank.

I/We have read the rules and agree to abide by them.

Name of Account

Address

I/We agreed to deposits before the date of each month, a sum of Rs.
towards this deposit account. The deposit balance with accrued interest as per rules will be payable to
me/us after a period of 12 months

24 months

@ Rate of interest

36 months

On Maturity Amount Payable Rs.

48 months

60 months

72 months

84 months

*Date of birth (in case of minor)

*Last instalment due on

Deposit due on

However, in case of contingency, the deposit balance may be payable to me/us earlier which
accrued interest at the rate specified in the rules.

Payable to* on due date

Account No.

Introduced by

Signature of Depositor

*In case of joint account, it should be definitely stated to whom the deposit will be payable when due
or in the event or the death.

Manager/Br. Manager