Regd. No.	10229/WES	ST/TC					Estd. 07/2009
•	-	-	Co-operative S	Societies Act.	2003, Registrar Co	o-op. Societies, Govt. of	
			Phone No.	011-2527048	2, 011-25277149		
		<u>DEP</u>	OSIT ACCOUN	NT OPENING	FORM FOR THE	<u>MEMBER</u>	
						Date:	
To						M.S. NO.	
The	President/	IVI.3. IVO.					
Raghav Co-operative Thrift & Credit Society Ltd.,						FORM NO.	
Shop	No.1, WZ-	-60, Jawala	Heri, Paschir	n Vihar, N.D	.63		
Sub:- Op	ening of de	eposit acco	unt(s).				
Sir,							
1	am a men	nber of yo	ur Society. I	request yo	u to open a	Account	in the name of
		under	the guardiar	ship of my	in accordance v	with the Rules of the	Society, on the
following 1. DEPOS		l conditions	s and issue m	e a Deposit	Receipt/Pass Bo	ok.	
		□R.I.D.	□ L.T.D.		R.D. □	M.D.	
	E OF DEPO						
			R VEARS	5 VFΔRS	or other Specif	V	
			TEARS —		or other specifi	· · · · · · · · · · · · · · · · · · ·	1
					6	MATURITY DATE:	,
			KITT AWOUT	<u>vi</u> . ns	0.	MATURITY DATE.	
	OF DEPOS			DANIK O DE	ANCII.		
					KANCH:		
	•		ch duly signed	•			
		<u> </u>	ted (Please fi	-		ot opted	
9. <u>PAN N</u>	<u>O.</u> :			or 🔲 <u>Form</u>	<u>60/61</u> 10. AD	HAAR NO	
				DECLARA			
	-					y me and/or explaine	
	•		_	-	_	lations governing suc	
			i am indian : & best of m			dia. I hereby declare	that the above
IIIIOIIIIat	ion is true	and correct	. & Dest Of His	y Kilowieuge	: •		Yours Faithfully
							,
					SIGNATU	RE	
						ΛΕ	
					S/o,D/o,W	/o	
						SS	
CONTACT NO							
			F	OR SOCIETY	USE ONLY		
DATE	V.NO.	A/C NO.	DEP. TYPE	DEP. NO.	NOMINATION	PAN NO.	DEP. GIVEN

	(FOR NOM	INATION)
1		(Name & address)
nominate the following person/s whereof are given below, may be r		death the amount of deposit in the my account, particulars
Nature of Deposit	Distinguishing No.	Additional details if any
	NOMINATIO	N
	NOMINATIO	(Name &
	(Relationship with Deposite is a minor on this date, I app	tor, if any) Age If nominee is a minor his date of birth
(Name & Address) (Age) death during the minority of the no		osit in the account on behalf of the nominee in the event of my
		iture of Depositor/Member: *e of Depositor/Member:
Signature of Witness :		
Name Of Witness :		Place:
Address of Witness :		Date:
Form of declaration to be filed by a transaction specified in rule 114B	· · · · · · · · · · · · · · · · · · ·	D/61 (FILL IF APPLICABLE) ermanent account number and who enters into any
1 Full name and address of the de	clarant	
2 A		
4. Are you assessed to tax? Yes /No)	
5. If yes, (i) Details of Ward / Circle / Bange w	where the last return of income	was filed?
(i) Details of Ward/ Circle/ Range w(ii) Reasons for not having permanent		was filed?
6. Details of the document being p		n column (1)
	erification	(-)
l,		do hereby declare
that what is stated above is true to		
Verified today, the	_day of	*
Place : I hereby declare that my source of	income is from agriculture and	Signature of the declarant I am not required to pay income-tax on any other income if
any.	meenic is from agriculture and	*
•		Signature of the declarant

(FOR SOCIETY USE ONLY)

Dep. No.	Date of Renewal	V.No.	Amount Rs.	Period	From	То	R.O.I	New Dep. No.	Maturity Amount Rs.	Initial