THE GENERAL INSURANCE EMPLOYEES' CO-OPERATIVE SOCIETY LTD

No.E-627, Kochi - 682 018

Tried, Tested & Trusted Since - 1976

FIXED DEPOSIT APPLICATION FORM

I/We sent herewith a sum of Rupees..... as detailed below:

Cash	:	Rs.
Bank Transfer/Cheque/D.D. No.....	:	Rs.
Total	:	**Rs.**

Please make a Fixed Deposit repayable after ..... months, bearing interest @ .....% per annum as per your rules and issue the FD Receipt in the Single Name/Joint Names of -

1.....

.....and

2.....

.....

Place :_____ Date : _____ Signature of Depositor :

Name & Address of Depositor : .....

.....

SPECIMEN SIGNATURE OF DEPOSITORS	
1.	1. .....
2.	2. .....

NOMINATION FORM - Form DA I

(Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(i) of the Banking Companies [Nomination] Rules 1985)

I / We..... .....
hereby nominate the following person to whom in the event of My / Our / Minor's death to receive the amount of Deposit as per A/c. No.....

1. Nature of A/c : **FIXED DEPOSIT** 2. Distinguishing No.....
3. Additional details if any : .....
4. Name & Address of Nominee :.....
5. Age of Nominee :..... 6. If nominee is a minor, his/her date of birth .....
7. Relationship with Depositor : .....

As the nominee is a minor on this date I / We appoint Shri / Smt.....
.....(Name, address & age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place..... .....

Date..... Signature(s) Thump impression(s) of Depositor(s)

Signature, Name & address of witness : .....

.....