



ESTD 1956

# THE NAVAL ARMAMENT DEPOT

Civil Employees Co-Operative Society Ltd., No-B-1152  
Visakhapatnam - 530 009. Ph : 8500384666, 0891-281-8999

## FIXED DEPOSIT APPLICATION FORM

To,  
The President / Secretary  
N.A.D.C.E. Co-Op. Society Ltd.,  
Visakhapatnam.

Dear Sir,

I/We desire to invest a sum of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ ) renew by Fixed Deposit  
No \_\_\_\_\_ of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)  
in your society as Fixed Deposit, for a period of \_\_\_\_\_ year \_\_\_\_\_ Months \_\_\_\_\_  
days at \_\_\_\_\_ % per annum in accordance with the Rules of the society. Please accept  
the fixed Deposit as under interest Payable Half yearly / Yearly.

**Full Name in the block letter**

**Father / Husband**

**Address**

1.

Cell No.

2.

G.L. No.

Conditions : The Fixed Deposit is payable me/all.

Jointly. either or Survivor / former or

Survivor / consecutive survivors

Pan No. :

Aadhar Card No. :

Age / Date of Birth :

Name of the Nominee :

Relation : Age :

If the Fixed Depositor is Minor :

1. Date of Birth \_\_\_\_\_

2. Name of the Guardian \_\_\_\_\_

3. Relation-ship with the minor \_\_\_\_\_

(State Whether natural of Court guardian)

I / We further request you to credit the interest due on the above deposit to my / our Current/  
Saving bank A/C No \_\_\_\_\_ with \_\_\_\_\_ at the end of every Half Yearly / Yearly.

D.D / Cheque Details :

Signature of the Depositor

Place :

1.

Date :

2.

(In the case of illiterates depositor, his / her Thumb impression should be attested by a witness  
and two passport size photos should accompany the application)

### FOR OFFICE USE

Deposit No.

Date

Due date

If any:

Manager

Secretary

