

**THE KULASEKHARAPURAM SERVICE CO-OPERATIVE BANK  
LIMITED No. 995**

Place.....

Date.....

Please admit me/us to subscribe to the RECURRING DEPOSIT SCHEME

I/We hereby undertake to deposit sum of Rs.....  
(Rupees.....) every month on or before the last  
working day of that month and agree to receive Rs.....  
(Rupees.....) on month after the last  
instalment of the instalments which I/We have undertaken to pay I/We hereby  
undertake to abide by the rules of the Scheme which are now in existence  
and which may hereafter be made.

I/We declare that the following information is correct.

Name/s

Occupation and Address

Period of Deposit.....

(P. T. O.)

Date of birth in case of minor.....

Special Instructions.....

.....

.....

Specimen Signature of Depositor

1. ....

2. ....

3. ....

Introduced by.....

A/c. No.

L. P.

Date.....

Clerk/Acctt.

Secretary