



C. R. No. : ..... Date : .....  
**STEEL AUTHORITY OF INDIA EMPLOYEES'**  
**CO-OPERATIVE CREDIT SOCIETY LIMITED**  
 Regn. No. MSCS/CR-22/92 of 1992  
 "ISPAT COOPERATIVE HOUSE"  
 12, Charu Chandra Place (East), Kolkata-700 033

**APPLICATION FORM FOR FIXED DEPOSIT ACCOUNT**

(Please write in BLOCK LETTERS and tick  the appropriate box)

I/We hereby apply for opening of Deposit Account under

<input type="checkbox"/> Fixed Deposit (General)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DAYS / MONTHS / YEARS
<input type="checkbox"/> Re-investment Deposit Scheme	<input type="checkbox"/> <input type="checkbox"/> MONTHS / YEARS
<input type="checkbox"/> Fixed Deposit (MIS)	<input type="checkbox"/> <input type="checkbox"/> MONTHS / YEARS
<input type="checkbox"/> Sr. Citizen Deposit (Quarterly Interest Payment)	24 MONTHS
<input type="checkbox"/> Others	

Name(s) of Depositor (s)	Date	D	D	M	M	Y	Y	Y	Y
Sole/First : Mr/Ms/M/s									
	Membership No.								
Second : Mr/Ms/M/s									
	Membership No.								
Guardian : Mr/Ms (If depositor is a minor)									
	Membership No.								
Date of Birth (In case 1st Applicant is minor)		D	D	M	M	Y	Y	Y	Y

**Address of Sole/First Applicant**

Pin \_\_\_\_\_ Tel. (Res) \_\_\_\_\_ (Off.) \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

**Nomination (Optional)**

Name of Nominee \_\_\_\_\_ Relationship : \_\_\_\_\_  
 Guardian's Name \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
 (If nominee is a minor)  
 Address of Nominee \_\_\_\_\_  
 Signature of Nominee \_\_\_\_\_

**Payment Details**

Cash/DD/Cheque No. \_\_\_\_\_ Dated D D M M Y Y Y Y Amount (Rs.) \_\_\_\_\_  
 Drawn on \_\_\_\_\_  
 (Bank/Branch)

**Bank Details (Bank/Branch) For payment of interest to sole/first applicant by ECS/Transfer**

Savings/SD A/c.  Current A/c.  Trust A/c.

Account No. \_\_\_\_\_ IFSC Code \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 (Xerox copy of cancelled cheque enclosed)

Sr. CITIZEN DEPOSIT may be Opened Jointly provided both the member are Senior Citizen OR Second holder must be Spouse of the First holder.  
 I/We hereby declare that above information is true to the best of my/our knowledge and belief.

**Signature of Applicant(s)**

\_\_\_\_\_ Sole/First \_\_\_\_\_ Second

**Space for Office Use**

Fixed Deposit  
 Receipt No. : ..... Dated : ..... for Rs. : .....  
 (Rupees in words) : ..... issued. *Signature of Issuing authority*

**RECEIPT**

Received (in original) Fixed Deposit Receipt No. : ..... Dated : .....  
 for Rs. : ..... *Signature of Recipient*