



STEEL AUTHORITY OF INDIA EMPLOYEES'
CO-OPERATIVE CREDIT SOCIETY LIMITED
"ISPAT CO-OPERATIVE HOUSE"
12, CHARU CHANDRA PLACE (EAST), KOLKATA-700 033

Affix a
recent
Photograph

SAVINGS DEPOSITS ACCOUNT

OPENING FORM

Date :

Membership No. :

I/We request you to open a Savings Deposits Account in my/our name (s) as per details below :-

APPLICANT(S) NAME(S) (IN BLOCK LETTERS) :

1. _____ Occupation _____

2. _____ Occupation _____

ADDRESS(ES)

LOCAL

PERMANENT

1. _____

2. _____

ACCOUNT OPERATION :

Contact No. _____

Singly

Any one of us or Survivor

All of us or Survivor

AMOUNT OF DEPOSIT : Rs

(Rupees :only)

DECLARATIONS :

I/We do hereby declare that I/We have read the Savings Deposit Account Rules made by the Society.

I/We do hereby undertake that I/We shall abide by the said Rules.

I/We do hereby declare that I/We have no other Savings Deposit Account with this Society.

SIGNATURES(S)

Name(s)

Signature(s)

1. _____

2. _____

FOR OFFICE USE ONLY

Savings Deposits A/c. No. :

Received Rs. (Rupeesonly)

L. F.

Asstt./S. A.

Supvr./Sr. Supvr.

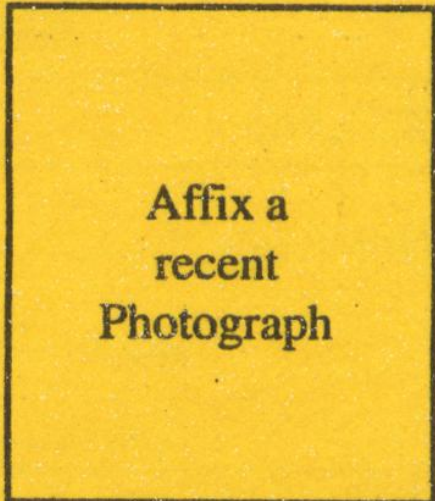
Manager/CEO

Secretary/Chairman



**The Secretary
Steel Authority of India Employees'
Co-operative Credit Society Ltd.
"ISPAT COOPERATIVE HOUSE"**

12, Charu Chandra Place (East), Kolkata-700 033



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Dear Sir,

I/We hereby agree to conform to the Rules governing Savings Deposit Accounts.

1. Name :

2. Name :

3. Name :

1.

2.

3.

Signature (s) of the Applicant (s)

**SPECIMEN SIGNATURE CARD
SAVINGS DEPOSIT ACCOUNT**

A/C. NO.

NAME (s)	1.....	(M. No.)
	2.....	()
	3.....	()

ADDRESS (es)

1.

.....

2.

.....

3.

.....

Signature (s)

1.....

2.....

3.....

FOR OFFICE USE ONLY

SIGNATURE (s) verified

Secretary/Chairman

Name (s)

A/C. No.

1.....

2.....

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