

To

The Secretary,
Thirumittacode Service Co-op. Bank Ltd., No. P. 833
CHATHANUR. P.O.

Dear Sir,

Date.....

I / We request you to admit me as a Recurring Depositor
paying a monthly deposit of Rs.....
for.....months / years. I / We shall abide by the
bye-laws and subsidiary rules of the Bank as are in force now and as
may be adopted hereafter.

Conditions

Introduced by :

Yours faithfully,

FOR OFFICE USE ONLY

RD No. :

Date :

Amount :

Due Date :

Full Name & Address :

Specimen Signature :

Manager / Secretary