THE RUBBER BOARD EMPLOYEES CO-OPERATIVE SOCIETY LTD NO K-155

COLLECTORATE P.O,KOTTAYAM-686002 PHONE NUMBER :0481-2560608

APPLICATION FORM FOR OPENING SAVINGS BANK ACCOUNT

| NAME OF APPLICANT | : | | |
|--|------------------------|-------------|---|
| MEMBERSHIP | : A CLASS | B CLASS | |
| MEMBER NUMBER | : | | |
| DATE OF BIRTH: | | | |
| | | | |
| NAME OF FATHER/ HUSBAND | : | | |
| ADDRESS | · · | | |
| | | | |
| | | | |
| | | | |
| POST OFFICE | : | | |
| PINCODE | : | | |
| AADHAR NUMBER | : | | |
| PAN NUMBER | : | | |
| PHONE NUMBER | : | | |
| EMAIL ID | : | | |
| AMOUNT OF DEPOSIT | : | | |
| NOMINEE | : | | |
| RELATIONSHIP WITH NOMINEE | : | | |
| SPECIMEN SIGNATURE | : | | |
| All information furnished above are true and correct. I shall abide by the rules of the society as per | | | |
| the bylaw | | | , |
| PLACE | NAME O | F APPLICANT | |
| DATE | SIGNATURE OF APPLICANT | | |
| FOR OFFICE USE ONLY | | | |
| SAVINGS BANK ACCOUNT NUMBER | : | | |

DATE SECRETARY