

**ಅಶೋಕನಗರ ಸಹಕಾರ ಬ್ಯಾಂಕ್ ನಿಯಮಿತ**  
**ASHOKANAGAR CO-OPERATIVE BANK LTD.,**

No. 1380/B, 6th Cross, Ashokanagar, BSK 1st Stage, 2nd Block, BANGALORE-560 050.  
☎ : 26506213, 26606365, 26600513, 26600514, Tele Fax : 26506213, E-mail : acbankLtd@yahoo.com

**Application for Fixed Deposit / Ashoka Kubhera Yojana**

Date:.....

FD / AKY A/c No.

Customer ID :

Maturity Value

Dear Sir / Madam,

I/We desire to invest a sum of Rs.....(Rupees.....  
.....) for a period of.....Months/days & rate of interest @.....  
in your Bank Fixed Deposit / Ashoka Kubhera Yojana in accordance with the rules of the Bank on the  
following terms and conditions. Please receive the sum and issue me/us a receipt.

Applicant Name.....Date of Birth.....

Father's/Husband's Name.....Mother's Name.....

Address.....

.....Phone / Cell No.....

PAN No.....Adhar No.....

**Joint holder** : Customer ID .....

Applicant Name.....Date of Birth.....

Father's/Husband's Name.....Mother's Name.....

Address.....

.....Phone / Cell No.....

PAN No.....Adhar No.....

(For Joint Account) Repayment conditions : Payable to.....  
with the right for the Surviving person or persons to raise loan or to close the a/c before due date  
or to alter or to modify the conditions of contract at the discretion of the bank.

Mode of Operation : 

Self	Jointly	Either or survivor	Others-Specify	<input type="text"/>
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TDS to be deducted : 

Yes / No
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Deposit Interest payable on : 

Monthly	Quarterly	Yearly	On Maturity.
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Kindly furnish the details for crediting the Interest Payable by cash / transfer to A/C No.

\_\_\_\_\_ OR Through NEFT / RTGS :

Name :

Bank & Branch :

A/c No. :

IFSC Code :

Signature of the Depositor/s

Signature of the Depositor/s

**NOMINEE**

Name of Nominee .....

Date of Birth ..... Relationship .....

Address .....

**Signature of the Depositor/s**

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**OFFICE NOTE**

Received.....as FD/AKY/ by Cash/Trs. No.....

Date .....

**CLERK** .....

**A/C Opened By** .....

**Passing Office** .....

**Manager**.....