



Vidya Prasarak Mandal, Thane

Dr. Bedekar Vidya Mandir, Naupada, Thane 400602. (Maharashtra, INDIA)
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 URL: www.vpmthane.org E-mail: vpm@vpmthane.org

Form No. _____

Date

/ /

Deposit Receipt No. _____

Date

/ /

TERM DEPOSIT APPLICATION FORM

I/We request you to accept Term Deposit of Rs. _____

in words _____

by Cash / Cheque No. : _____ Dated : _____

Drawn on : _____

for 5 / 7 / 10 years @ 5% p.a simple interest rate. In the event of death of the depositor(s), premature withdrawal of the term deposit would be allowed.

TDS exemption reason :- 15H/15G (Please fill 15H/15G Form)

Surname

First Name

Middle Name

Male / Female

1. _____ M / F

2. _____ M / F

3. _____ M / F

Specimen Signature (Please sign in Black Ink)

1

2

3

Operational Instructions

1. Either or survivor 2. Jointly or survivor 3. Former or survivor 4. Any one of us or any one of the survivors or the last survivor.
 5. Other (Please Specify) _____

First Depositor Details

Date of Birth : DD MM YY PAN : _____

Marital Status : Married / Unmarried Occupation : _____

Full Address : _____

Tel. No. : (R) _____ (O) _____ Mobile : _____

E-mail ID : _____ Fax No. : _____

Cheque Should be drawn in favour of 'Vidya Prasarak Mandal, Thane'

Standing InstructionKindly pay interest at **Yearly** intervals by Credit to A/c. No. _____ Bank _____ Branch _____IFSC No. _____ Pay Order**Declaration**

I/We declare / confirm that :-

- a) all the particulars and information given in the Application Form are true, correct, complete and upto date in all respects.
 b) that the rules of Term Deposit Account have been read by me / us and that I/We accept them as binding upon me/us.

Your Faithfully,

1. _____ 2. _____ 3. _____

Nomination

I/We nominate the following named person as my/our nominee after my/our death who will be entitled legally to receive the money (Only one person can be nominated per account)

Name & Address	M/F	Age	Date of Birth (if minor)	Relation with Depositor

As the nominee is a minor, I/We appoint Shri. / Smt./ Kum. _____

_____ Address _____

_____ to receive the amount of the deposit on behalf of the nominee. In the event of my/our death during the minority of the nominee.

Signature(s) of Depositor(s)

1. _____ 2. _____ 3. _____

ACKNOWLEDGEMENTForm No.

Received from : _____

Rs. : _____ in words _____

by Cash /Cheque No. : _____ Dated : _____ Drawn on : _____

Kindly collect original Term Deposit Receipt within 15 days from VPM Office, Thane

Date : _____

 Authorised Signature
 For Vidya Prasarak Mandal, Thane