



# AIRPORTS AUTHORITY OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD.

"A"-11/16, NEW AIRPORT COLONY, VILE-PARLE (EAST), MUMBAI - 400 099.

(Reg. No. : BOM/RSR/703 DATED 10/04/1975)

## APPLICATION FOR FIXED DEPOSIT FORM

PLEASE  
AFFIX  
PHOTO

To,  
The Chairman / Secretary,  
**AIRPORTS AUTHORITY OF INDIA  
STAFF CO-OP. CREDIT SOCIETY LTD.**  
"A"-11/16, NEW AIRPORT COLONY,  
VILE - PARLE (EAST),  
MUMBAI - 400 099.

FOR OFFICE USE ONLY	
DATE :	SL NO.
Fixed Deposit	
Receipt No. _____	
Dated _____ for Rs _____	
(Rupees _____ only)	
Period _____	Rate of Interest _____
<b>ISSUED</b>	
<b>CHAIRMAN / SECRETARY</b>	

I/We desire to invest a sum of Rs. .... (Rupees ..... Only) as a Fixed Deposit for a period of ..... Year/Months in accordance with the rules of the AIRPORTS AUTHORITY OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD. receive the sum and issue me/us a receipt.

Name			
Father's / Husband's Name			
Date of Birth & Age			
Address			
Mobile No.			
PAN		Email	
Whether joint or either or Survivor (if held jointly)			

### TERMS AND CONDITION :

I/We declare that the society's "Fixed Deposit Rules" has been explained to me/us to my/our satisfaction and I/We understand and agree in full to the rules of the scheme as modified from time to time which will be binding upon me/us.

(Yours Faithfully)  
**Specimen Sign of Depositor**

1. \_\_\_\_\_

2. \_\_\_\_\_

### (In Case of Joint A/c Only)

The Maturity amount would be payable to : (Please tick any one)

- |                                 |                          |                                |                          |
|---------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. To me                        | <input type="checkbox"/> | 2. Joint to us                 | <input type="checkbox"/> |
| 3. To either no one or survivor | <input type="checkbox"/> | 4. To either of us or survivor | <input type="checkbox"/> |

Received a sum of Rs. .... (Rupees ..... only) vide Receipt No. .... dated ..... by Cash / Cheque.

Date : Clerk / Accountant      Manager      Chairman      Secretary

**Nominee (with address & relationship)**

1st	2nd
PHOTO	PHOTO

1) I/We \_\_\_\_\_

Nominate the following person to whom in the event of my/ours death the amount of the deposit, particulars whereof given below, may be returned by the AIRPORTS AUTHORITY OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD.

i) Name	
Address	
Telephone / Landline / Mobile	
MALE / FEMALE	
Relationship	
ii) if nominee is minor, date of birth of minor	
If nominee is minor, name and address of a major to receive the payments	
Name	
Address	
Telephone / Landline / Mobile	

I produce any one of the under mentioned document for a member information.

a) Member Identification

- Passport
- Pan Card
- Voters ID
- Employer ID

b) Proof of address

- Passport
- Electricity Bill
- Quarter Allotments Letter
- Telephone Bill

1. \* \_\_\_\_\_

2. \* \_\_\_\_\_

**\*\* Signature(s) Thumb impression(s) of depositor**