



**The New India Assurance Employees'  
Co-operative Thrift & Credit Society Ltd. X-413**  
REGD. OFFICE : 453, Anna Salai,  
Fathima Akthar Court, Teynampet, Chennai-600 018.  
Phone : 044-45145675. Fax : 044-45145647.  
E-mail : niaecs1959@gmail.com

Date.....

|              |   |   |    |     |    |
|--------------|---|---|----|-----|----|
| Branch No. : |   |   |    |     |    |
| Class        | : | I | II | III | IV |
| S.R. No. :   |   |   |    |     |    |

Sir,

Re : OPENING OF RECURRING DEPOSIT ACCOUNT

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I request you to obtain the sanction of the Directors of the Society for my opening a Recurring Deposit Account with the Society, subject to the provisions in by-law No.16(b)

1. Name in full :
2. Admission No. :
3. Age :
4. Father's Name :
5. Husband's Name if Female :
6. Place of Residence :
7. Nominee Name :
8. Relationship and Age :
9. Monthly Contribution :
  - a. Period of RD :
  - b. Commencement From :

10. My self and heirs or representatives will abide by the Rules on the Society as existing and also such modification and amendments as may be made from time to time, governing the operation of Recurring Deposit Accounts.

11. I agree to the Monthly installments of the Recurring Deposit becoming due and payable by me to the Society being recovered by the Society from my monthly salary through the officer for the time being disbursing such salary.

Specimen Signature :

Yours faithfully,

1)

**FOR OFFICE USE**

Admission No.:

R.D.A/c No. :

Branch Code:

Effectuated from :

Class: 

|   |    |     |    |
|---|----|-----|----|
| I | II | III | IV |
|---|----|-----|----|

Maturing on :

S.R.No.:

Ledger Folio No.:

MANAGING DIRECTOR