

THE CENTRAL RAILWAY EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.

Head Office - Byculla, Mumbai - 27.

Application Form for Opening Account of Lakhpati Bano Scheme.www.creccsltd.orgThe Senior / Branch Manager
C. Rly. E.C.C Soc. Ltd.

No.: 775

Date: _____

LBS A/c No.: _____

_____ Branch

Dear Sir,

I, _____
(Name in full in BLOCK LETTERS as Registered in Railway Books)

Designation _____ Department _____ Staff No. _____

Station _____ desire to join Lakhpati Bano Scheme. The Contribution for the scheme shall be made by payment in cash on or before 3rd of every month by contributing to the saving deposit account through salary with a request to transfer the amount to the Lakhpati Bano scheme for 75 (Seventy Five) months.

* I am not a member of Saving Deposit account, therefore I desire to open Saving Deposit account with the Society.

* I am a member of Saving Deposit account, I would like to enhance the contribution out of which

₹ _____ be transferred to Lakhpati Bano Scheme.

Please intimate my Saving Deposit account number to the Head of my Department / Divisional Office to enable him to start deduction of ₹ _____ per month from my ages.

● I am shareholder of the Society and my Share Account No. is _____

● I am not a Shareholder and I hereby agree to become a Nominal member of the society and abide by the rules of the Society applicable to Nominal members. I also remit herewith Rs.5/- being the fees for enrolling myself as a Nominal member.

1) Home Address: _____

Tel No. & Mobile No. _____

2) Office Address: _____

Tel No. _____

I agree to bound by the Bye-Laws and the rules Governing Lakhpati Bano Scheme.

I Decide to maintain the Account in joint Names as shown below.

1

2

I also furnish herewith Specimen Signatures of the joint Account Holders, on the Specimen Signature card of the Society.

Yours faithfully,

(Signature of applicant)
(Left Hand Thumb impression
if he is illiterate)

Ref. No.

Forwarded Deduction of ₹ _____ will be started only on receipt of your intimation.

Name in full of the depositor _____
(Specimen Signature of depositor)