

NIGHTINGALE THRIFT & CREDIT COOPERATIVE SOCIETY LTD.



Chandmari, Guwahati – 781003, Assam

Registration No.: Assam 11/2025-26 | Date: 30th August 2025

Branch Name: _____

FIXED/RECURRING/SAVINGS DEPOSIT APPLICATION FORM

Please Open an Account For:

1. Applicant Name : _____ Senior Citizen: Yes ☐ No. ☐
2. Father Name : _____ Mother Name: _____
3. Address: _____
- Post Office: _____ Dist: _____ State: _____ Pin: _____
4. Mobile No. _____ Email ID: _____
5. Date of Birth : ____/____/____ Gender: ☐ Male ☐ Female ☐ PAN No.: _____
6. Occupation : _____ Membership No. (in Case of member) _____
7. Recurring deposit Amount (PM): Rs. _____ (Rupees _____)
8. Fixed/Savings Deposit Amount: Rs. _____ (Rupees _____)
- Period of Deposit of RD/FD: _____ Years _____ Months.
9. Mode of operation: Single ☐ Jointly ☐

10. Applicant's Bank Details

Name of Bank: _____ Name of the Branch: _____

Account Number: _____ IFSC: _____

Account Holder Name: _____

Type of Account: ☐ Saving Account ☐ Current Account

11. Nominee Details

Nominee Name _____ Relationship _____ Age _____

Address of Nominee _____

12. Declaration by Applicant

I hereby declare that all the information provided above is true and correct. I agree to abide by the Rules & Regulations of NTCCS for the accounts. I understand following Society's rules.

- i. Any eligible individual can open a New Account.
- ii. The minimum deposit amount shall be ₹200 per month for RD/Savings
- iii. The tenure of the RD account 40 months and FD account 7 years
- iv. Interest Rate of Loan is 24% per annum.
- v. If any RD installment remains unpaid for six consecutive months, the account may be treated as irregular or discontinued.
- vi. Any delay in payment of RD installments shall attract a penalty of 5% per month.
- vii. No loan shall be granted against an irregular RD account.
- viii. Maturity value of FD will be double after 7 years
- ix. Interest on savings account will be @6%pa
- x. Deposits to all accounts must be through bank/online
- xi. Maturity value will be credited to customer's bank account only

Date: ____ / ____ / ____

Signature(s) /thumb impression of the of Applicant:

FOR OFFICE USE ONLY

Nature of Deposit : RD/FD/Savings No. _____ Period _____ [years/Months]

Rate of Interest: _____, Date of Maturity : ____/____/____ Maturity Amount _____

Verified By (Staff Name) _____

Signature & Seal Manager _____