INSURANCE COVER UPTO Rs. 5,00,000/-

All Deposits (upto Maximum Ceiling of Rs. 5,00,000/- are Insured with Deposit Insurance and Credit Guarantee Corporation

L. I. C. of India Staff Co-operative Urban Bank Ltd No.3314

Head Office - Pattom, Thiruvananthapuram-4 Branch Office - Kozhikode

APPLICATION FOR MAKING DEPOSIT

To

The Secretary
LIC SCUB,Trivandrum

Date.....

Dear Sir,

I/We desire to invest a sum of Rs.....(Rupees.....
.....only) in the Bank as a Fixed Deposit for a period of.....Days/Months/ Years at Interest rate.....% per annum in accordance with the rules of the Bank. Please accept the deposit as under

1	Full Name(Depositor I)				
2	Address (Depositor I) (with Pincode)				
3	Senior Citizen	YES/NO	4	Date of Birth	
5	Auto Renewal Required	YES/NO	6	Telephone No.	
7	Nominal Member	YES/NO	8	If No,Membership No.	
9	PAN		10	Aadhaar No.	
11	Nature of Age Proof Submitted				
12	Interest Payable & Mode	Mly / Qly / Hly / Yly / While closing		Mode	*SB / NEFT*
13	Specimen Signature	Signature 1	Signature 2		Signature 3

Details of Depositor II

Required In the case of joint deposit only	1A	Full Name			
	2A	Address (with PIN code)			
	3A	To whom returnable on Maturity	*Either/Survivor*		
	4A	Specimen Signature	Signature 1	Signature 2	Signature 3

Yours faithfully

Name & Signature of Depositor I

Name & Signature of Depositor II
(In case of Joint Account)

1000/Nov 2025

(PTO)

FORM DA 1

Nomination under section 45 ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of the bank deposits.

I / We.....

.....Name (s) and Address (es) nominate the following person to whom in the event of my/our/minor death,the amount of the deposit particulars whereof are given below, may be returned by

LIC Staff Co-operative Urban Bank
Head Office,Pattom,Thiruvananthapuram OR Branch office,Kozhikode

Nature of Deposit	Distinguishing Number	Additional Details	Name & Address	Relationship with the Depositor.if any	Age	DOB of Nominee (if nominee is minor)

Place

Date

Witness

Signature

Name and address

Signature(s) or thumb impression of the Depositor(s)

This portion is required only if the person nominated above is a minor

As the nominee is a minor on the date I / we appoint

Sri/Smt.....

.....(Name and Address)

Aged..... Years to receive the amount of the deposit on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Place

Date

Witness

Signature

Name and address

Signature(s) or thumb impression of the Depositor(s)

Notes: When deposit is made in the name of minor, the nomination should be signed by a person lawfully entitiled to act on behalf of the minor

Thumb impression(s) shall be attested by two witnesses.

For office use only

Accepted FD With following details					
Date		Amount Rs.		FD Number	
Interest (%)		Payable		Mly / Qly / Hly / Yly / While closing	

Accountant/Manager

Secretary/President