

15. The society has the right to adjust the credited amount in the FD/RD/Pigmy account against any unpaid liability towards society by the applicant.
16. The Board of Directors shall have the authority to change the Terms and Conditions which shall be binding on the depositors.

Self-Declaration

1) I/We declare, confirm and agree that:

- a) I/We hereby confirm having read and understood the Terms & Conditions given on the application. I/We hereby agree to be bound by the Terms & Conditions which govern the deposits and amendments thereto made from time to time will be binding on me/us when displayed in the society on its notice board:
- b) I/We declare that first named depositor in this application is the beneficial owner of the deposit and as such he/she should be treated as the payee for the purpose of deduction of tax under section 194A of the Income Tax Act 1961:
- c) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge & belief and I/We undertake to inform the Society of any change therein immediately. In case any of the above information is found incorrect/misleading/misrepresenting, I/We may be held liable for it:
- d) I/We understand and agree that this declaration is final and irrevocable, and that is not subject to cancellation or amendments:
- e) I/We hereby confirm that the Terms & Conditions related to the account opening have been explained to me/us in Marathi & Hindi language by the representatives of the Society, and I/We declare that I/We have understood and consented to all the Terms and Conditions and also to the declarations and undertakings and I/We agree to abide by the same.

Date:- DD / MM / YYYY

Place :

Name & Signature of Primary Applicant

Name & Signature of Joint Applicant

Nomination

I/We nominate the following person to whom in the event of my/our death, the amount deposit outstanding in the above said account, (after adjusting the amount due, if any to the society) may be paid by the Society.

Nominee Name

Address

Relationship with depositor Age:- Years

Date:- DD / MM / YYYY

Place :

Name & Signature of Primary Applicant

Name & Signature of Joint Applicant

For office use only

Membership No A/c No

Date of Opening : DD / MM / YYYY Maturity Date : DD / MM / YYYY

Interest Rate : % P.A. Int. Payment

Introduced By Referred By