DOLPHIN डल्फिन बहुउद्देश्यीय सहकारी संस्था लि.
Multipurpose Cooperative Ltd.

Lalitpur-10, Kupondole, Kandevatasthan, Tel: 5180292, 5426926, Website: www.dolphincooperative.com.np

F.D. No. [ ]

Time/Fixed Deposit Application Form

To,
The Chief Executive Officer
Dolphin Multipurpose Cooperative Ltd.
Lalitpur-10, Kupondole, Kandevatasthan

Date: [D][D][M][M][Y][Y][Y][Y]

Office : Head / Service ....

Dear Sir/Madam,
Please make a Time/Fixed Deposit of as per the following:

Currency	Amount		Period-Month	Interest % p.a.
NPR.	Rs.	for		

Full/Name/s: [ ]

Permanent Address: [ ]

Present Address: [ ]

Cash Deposit Account No. :			—					—		Amount

Cheque No. :

Drawn On. :

Amount on words: _____ only.

Interest & Principal amount to be transfered to Account No. [ ][ ]—[ ][ ][ ][ ]—[ ]

Accepted applied following terms & condition:

- I/We authorized the Dolphin Multipurpose Cooperative Ltd. to invest the deposit in any manner it likes.
- I/we agree to abide by the Dolphin Multipurpose Cooperative Ltd. rules governing Time Deposit Accounts.
- I/We agree to abide by the Dolphin Multipurpose Cooperative Ltd. Board decision against time deposit accounts.
  1. Interest shall be payable [ ] quarterly/ [ ] annually/ [ ] upon maturity.
  2. Dolphin Multipurpose Cooperative Ltd. accepts standing instruction for the renewal of fixed deposit.

Applicant's Signature

FOR DOLPHIN MULTIPURPOSE COOPERATIVE USE ONLY

Account No. [ ][ ]—[ ][ ][ ][ ]—[ ]

Name (s) of Payee : ....

Issue Date : ....

Amount : ....

Matured Date : ....

Payment Date : ....

Interest Paid : .... Int. Rate ....

A/C Number : ....

Computer Date Entry : ....

Certificate No.: ....

_____ **Prepared by**   _____ **Reviewed by**   _____ **Entered by**   _____ **Approved by**

Date: | D | D | M | M | Y | Y | Y | Y |

NOMINEE(S) FORM
(TO BE FILLED BY PERSONAL A/C HOLDERS)

Dear Sir,

I .... maintaining Fix Deposit A/C No. | | | — | | | | | | — | |

With your cooperative here by details of the nominee(s) to receive any sums of amount which may be due to me from Dolphin Multipurpose Cooperative

Limited in the event of my death:

Mr./Mrs./Miss:

Son/Wife/Daughter of :

Date of Birth : | D | D | M | M | Y | Y | Y | Y | Age :

Relationship to me:

Permanent Address:

Temporary Address:

Telephone No.:   Mobile No.:

And in the event of my death during the maturity of the above nominee(s) I appoint

Mr./Mrs./Miss:

Son/Wife/Daughter of:

Relationship to me:

Permanent Address:

to receive all moneys due to me on behalf of nominee(s).

_____
Account Holder's Signature

Account No. | | | — | | | | | | — | |

WITNESS

1. Signature: ....

   Name: ....

   Address: ....

2. Signature: ....

   Name: ....

   Address: ....

FOR COOPERATIVE'S USE ONLY

_____   _____   _____   _____
Prepared by   *Reviewed by*   *Entered by*   *Approved by*