# Lucknow Division Insurance Employee's Co-operative Credit Society Ltd.

**L.F. No.**

**RECURRING DEPOSIT SCHEME**

Maturity Date .....
Maturity Amount Rs. .....

1. Name of the Applicant : _____
2. S. R. Number : _____
3. Present Place of Posting : _____
4. Home Address : _____
   Mobile No. : _____
5. Age (or Retirement month and year) _____
6. Amount of Recurring Instalment : _____
7. Period of Recurring Deposit : _____
8. Nomination : Name : _____
   Relationship : _____
   Address : _____

I ..... have read the rules and regulations governing the above scheme and do hereby declare that the same are acceptable to me and the same shall be binding on me.

Dated at ..... this ..... day of .....201

**Witness:**

Signature .....

S. R. No.....

Name .....

Address .....

.....
Signature

I hereby authorise the ..... Life Insurance Corporation of India ..... to deduct a sum of Rs..... per month towards RECURING DEPOSIT ACCOUNT from my salar for ..... Month from ..... to ..... or as advised by the Society.

Full Name .....

Designation .....

Deptt. .....

Office .....

Signature .....

S.R. No.....

सदस्य द्वारा ..... माह की
आ.जा.यो. में रू0 ..... प्रति माह
की दर में माह ..... से ..... तक
जमा धन राशि रू0 .....
ब्याज रू0 .....
योग .....

दिनांक ..... प्रस्तुतकर्ता