FIXED /SHORT DEPOSIT A/C.

BANK OF BARODA	Operational Instructions:
(Head Office: Mandvi, BARODA	Photo
Date	FULL NAMES (In block Letters)
Dear Sir,	1
	2
I/We request you to issue a BOB-Suvidha	2
	3
Deposit/receipt for Rs	4
(Unit)	Sig. Of Officer Sig.No.
formonths/days@%	authenticating
I/We declare that the Bank of Baroda BOB-	SPECIMEN SIGNATURES
Subidha Deposit Account Rules have been read by	1
me/us explained to me/us and that I/we accept them	2
as binding upon me/us.	3
I/We also declare that the principal amount of	4
the deposit in my/our name/s along with interest	
thereon will be payable to 'Either or Survivor' any	Introduced By: Name
two joint or survivors or survivor/all jointly or	Signature A/c. No
	Address
survivors or survivor on Maturity.	Phone:
** * * * * * * * * * * * * * * * * * * *	Address:
Your's faithfully	ridatess.
	Occupation 12
NOMINATION (DETAILS AS PER FORM DA")	34
DATED	
NAME OF NOMINEE	Date :
Address	A/c No Name
	L.F.No
Date(Signature)	
(
	Manager