

DR INDRAJIT YADAV NIDHI LIMITED

DAILY DEPOSIT ACCOUNT FORM

CIN NO. U64990PN2024PLN228228

Customer Care:- +91 9766996082, Email:- suupport@indrajitnidhi.in BRANCH NAME & CODE..... DD NUMBER: Affix PERSONAL DETAILS: (Please fill in BLOCK Letter) **Passport** Photo **NAME** here **ADDRESS** M M Gender DOB F PIN PHONE: (M) PAN NO AADHAR CARD NUMBER NOMINEE NAME: **RELATION WITH NOMINEE:** NOMINEE ID AMOUNT OF DEPOSIT PAYMENT MODE RUPEES ONLY. IN WORD: ONLY. **DAILY DEPOSIT PERIOD: ADVISOR NAME:** MOBILE NUMBER: ADVISOR CODE: **TERMS & CONDITIONS:** 1. DD Amount should be deposited at a time. 2. Maturity Period will be 12 Months. 3. At the Maturity time, original certificate must be submitted by the Depositor. 4. Nomination is mandatory for every Deposit Fund. 5. Deposit only accepted by CASH, ONLINE, NEFT / RTGS. Applicant Signature Official Signature (Parent/Guardian's Sign for below 18 years candidate) DATE: ____ DR INDRAJIT YADAV NIDHI LIMITED No:.... DATE: ____ ACKNOWLEDGMENT TO CUSTOMER We acknowledge the receipt of Daily Deposit Application Form (Customer Name) for Rs. Μ M On Days Maturity amount will be For Period of Rupees