



FIXED DEPOSIT ACCOUNT FORM

Customer Care : +91 9766996082, Email : - support@indrajitnidhi.in

BRANCH NAME & CODE _____

FD NUMBER

PERSONAL DETAILS : (Please fill in BLOCK Letter)

NAME

ADDRESS

PIN

DOB

Gender

PHONE : (M)

PAN NO

AADHAR CARD NUMBER

NOMINEE NAME:

RELATION WITH NOMINEE : NOMINEE ID

TYPE OF DEPOSIT : FIXED DEPOSIT 1 YEAR / 3 YEARS / 5 YEARS / 7 YEARS

PAYMENT MODE AMOUNT OF DEPOSIT : RUPEES ONLY.

IN WORD : _____ ONLY.

DEPOSIT PERIOD : YEARS ADVISOR NAME :

MOBILE NUMBER : ADVISOR CODE:

TERMS & CONDITIONS :

1. FD Amount should be deposited at a time.
2. Maturity Period will be _____ 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.

Official Signature

Applicant Signature
(Parent/Guardian's Sign for below 18 years candidate)

DATE: _____

DR INDRAJIT YADAV NIDHI LIMITED

No:..... ACKNOWLEDGMENT TO CUSTOMER DATE: _____

We acknowledge the receipt of Fixed deposit Application Form

Of (Customer Name)

On for Rs.

For Period of Years Maturity amount will be Rupees

Applicant Signature
(Parent/Guardian's Sign for below 18 years candidate)

Signature of Branch Manager