



MEMBERSHIP APPLICATION FORM

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

BRANCH NAME & CODE _____

MEMBER NUMBER

Affix
Passport
Photo
here

PERSONAL DETAILS : (Please fill in BLOCK Letter)

NAME

ADDRESS

PIN DOB Gender

PHONE : (M) PAN NO

AADHAR CARD NUMBER

INTEREST ON INVESTMENT:

FIXED DEPOSIT 1 YEAR / 3 YEARS / 5 YEARS / 7 YEARS
RECURRING DEPOSIT: DAILY DEPOSIT :
SAVINGS DEPOSIT:

ADVISOR NAME _____:

MOBILE NUMBER : ADVISOR CODE:

TERMS & CONDITIONS :

- 1. FD, RD,DD, LOAN, SAVINGS Amount should be deposited at a time.
- 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: _____

INDRAJIT YADAV NIDHI LIMITED

No:..... ACKNOWLEDGMENT TO MEMBER DATE: _____

We acknowledge the receipt of Membership Form

Of (Customer Name)

MEMBER NUMBER On

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

Signature of Branch Manager