



SAVINGS ACCOUNT OPENING FORM

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

BRANCH NAME & CODE \_\_\_\_\_

A/C NUMBER

**PERSONAL DETAILS : (Please fill in BLOCK Letter)**

NAME

ADDRESS

Affix  
Passport  
Photo  
here

PIN  DOB         Gender

PHONE : (M)  PAN NO

AADHAR CARD NUMBER

NOMINEE NAME:

RELATION WITH NOMINEE :  NOMINEE ID

ADVISOR NAME : .....

MOBILE NUMBER :  ADVISOR CODE:

**TERMS & CONDITIONS :**

- 1. At the Maturity time, original DOCUMENTS must be submitted by the Depositor.
- 2. Nomination is mandatory for every Deposit Fund.
- 3. Deposit only accepted by CASH, ONLINE, NEFT / RTGS.

\_\_\_\_\_  
Official Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

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

**DR INDRAJIT YADAV NIDHI LIMITED**

ACKNOWLEDGMENT TO CUSTOMER

No:.....

DATE: \_\_\_\_\_

We acknowledge the receipt of Savings Account Application Form

Of  (Customer Name)

A/C NUMBER

NOMINEE NAME:

RELATION WITH NOMINEE :  NOMINEE ID

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

\_\_\_\_\_  
Signature of Branch Manager