

भारत सरकार द्वारा मान्यता प्राप्त

S.S. NIDHI LTD

Regd. office- Baraundha Kachar (Near Sent Marry School), Mirzapur - 231001

E-mail : ssnidhi5991@gmail.com

सदस्य आवेदन पत्र बिजनेस फार्म बचत खाता खोलने हेतु फार्म
Member Ship Bussiness Form Saving A/c Opening Form

Date Member Number
Branch Name Branch Code
R.D. F.D. Certificate/Passbook No.:
D.D. M.I.S. SAVING A/C
Plane Name / Term of Plan
Mode of Payment Membership Fee
Agent Name

Photo

To,
The Directors
Shrejal Shakti Nidhi Limited

Sir,
I/We request you to open the Recurring/Fixed/daily saving account My personal details as given below: Receipt No.

आवेदक का नाम
Name of Applicant

पिता/पति का नाम
Name of Father/Husband

जन्म तिथि D.O.B. उम्र Age व्यवसाय : नौकरी, छात्र, व्यवसाय, कृषि, अन्य
Occupation : Service / Student / Business / Farmer / Other

स्थायी पता ग्राम पोस्ट
Postal Address Village Post
जिला पिनकोड
District Pin Code

योग्यता
Educational Qualification

खाता संख्या बैंक ब्रान्च आई.एफ.एस.सी. कोड
Bank A/c. No. Bank Branch IFSC Code

पैन नं०
PAN Card No.

मोबाईल नं.
Mobile No.

आधार नं.
Aadhar No.

नामित नाम
Name of Nominee

संबंध उम्र
Relation Age

कार्यकर्ता नाम
Agent Name

कार्यकर्ता कोड
Agent Code

Investment Amount _____ Period _____

I hereby certify that I have read the rules or the enlistment of membership in Shrejal Shakti Nidhi Limited. I also Certify that I will not get myself registered as a member of Shrejal Shakti Nidhi Limited. Under move than more than one name. I also certify that the information given above is true to the best of my knowledge and belief I understand that if any information is found incorrect my enlistment is liable to be cancelled.

Signature