

Regd. Office:- 5, Mohan Bhag Opp. Dwarikapuri, Bhuteshwar Road Mathura 281001 (UP) Cont. No.- 09557766186, 08868001188,

www.mountsoftnidhi.com

Application No.:	
Membership No.:	

(In full and Block letter)	Application For M	lembership	
	t Nidhi Ind Ltd Soft Mutual Benefit Nidhi In		s are as follows.
Present Address:			
City:Permanent Address:	, State:		
City: Date of Birth:	, State:	Sex : Male	emale
Details Of ID Proof: (PASSPORT/PA Banker's Name:			
A/C No Edu. Qualification Introduced by: (Name & Address Of	the Introducer)	nt Occupation:	
Signature Of Introducer			
I hereby declare that i voluntarily of	pted for a member in Mounts	oft Mutual Benefit Nidhi Ind. Ltd. A	And a shall abide
by the existing rules and Regulations	Of the company and also the	Amendments as may be taken place f	rom time of time.
Place			
Date			

Signature Of The Member

Note:- (1) Minors / Lunatics are not For Membership. (2) Membership fees in Rs. 10. (Ten) Only For Saving / Recurring Deposit Holder & Rs. 100/- (One Hundred Only) For Others.

MEMBERSHIP BENEFITS

- 1. A Person is to be a member once in the company during his life period.
- A Person has to affix his passport size photograph along with identity proof in the application form which are mandatory.
- The membership free is Rs.10/- for saving / recurring deposit account holders & Rs. 100/- for fixed deposit Holders.
- 4. Minors cannot be a member of the company.
- 5. The lunatics are also not eligible for membership in the company.
- 6. A member can open saving /recuring/Fixed deposit account in the company.
- 7. Loan only granted to the members on their deposit.
- 8. No person shall be eligible for loan against security with out membership.
- 9. A member can avail on KVP/NSC/RD/FD/Govt. Bonds/Gold/Property/ from the company.
- 10. At the time of maturity thy specimen signature of the member should be tallied.

FOR OFFICE USE ONLY

l sir	Designation
Employee code	Of Branch has verified all the particulars of the membership
Application Of Sir/Smt/Miss	And And Received RsVide
Receipt No Date.	
	Signature Of Cashier/Office Assistant
I Physically Verified the Relevant Docur	ment and allotted the Membership No.
	To Mr./Mrs/MissON