AVIBHAKT SAMRUDDHI NIDHI LIMITED

CIN NO. U65929GJ2022PLN134786

ASN

SAVINGS ACCOUNT OPENING FORM

Email : - info@avibhaktsamruddhi.com

Customer Care :- +91 9328577702

BRANCH NAME & CODE_____

A/C NUMBER

Affix Passport Photo here

PERSONAL DETAILS : (Please fill in BLOCK Letter)

NAME

ADDRESS

PIN DOB D D M M Y Y Y Y Gender **M** **F**

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

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

DATE: _____

AVIBHAKT SAMRUDDHI 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