



MEMBERSHIP APPLICATION FORM

Customer Care :- +91 9328577702

Email :- info@avibhaktssamruddhi.com, Visit us at :- avibhaktssamruddhi.com

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: _____

AVIBHAKT SAMRUDDHI 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