

BRANCH NAME & CODE.....

 RD NUMBER
PERSONAL DETAILS : (Please fill in BLOCK Letter)

 NAME

 ADDRESS

 PIN

 DOB

 Gender

 PHONE : (M)

 PAN NO

 AADHAR CARD NUMBER

 NOMINEE NAME:

 RELATION WITH NOMINEE :

 NOMINEE ID

 PAYMENT MODE

 AMOUNT OF DEPOSIT :

RUPEES ONLY.

IN WORD : _____ ONLY.

 DEPOSIT PERIOD : MONTH

 ADVISOR NAME :

 MOBILE NUMBER :

 ADVISOR CODE:
TERMS & CONDITIONS :

1. RD Amount should be deposited at a time.
2. Maturity Period will be 12 Months.
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 CUSTOMER

DATE: _____

We acknowledge the receipt of Recurring Deposit Application Form

 Of (Customer Name)

 On for Rs.

 For Period of Month Maturity amount will be Rupees

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

Signature of Branch Manager

 Affix
 Passport
 Photo
 here