



# AVIBHAKT SAMRUDDHI NIDHI LIMITED

ADDRESS : - 9, 3rd Eye Three, C G Road, Nr. Girish Coldring, Mithakhali Circle, Ahmedabad, Gujarat, 380009

PHONE NO. : +91 9328577702

MAIL ID : info@avibhaktsamruddhi.com

Date  Agent Code  Loan No.

## LOAN DETAILS

Request for Loan Amount.  Loan Period  Mode of Payment  MLY  Fortnightly

Purpose of Loan

## PERSONAL DETAILS

MR  MS  MRS  First Name  Last Name

S/O  W/O  D/O  First Name  Last Name

Date Of Birth    Cont No.

## ADDRESS

House No.  Village / Mohalla

Street Name  Land Mark

City  State

Pin

## KYC DOCUMENTS

Passport  Pan Card  Aadhaar card  Driving Licence  Voters Identity card

Gas Bill  Ration card  Electricity Bill  Phone Bill  Nationalised Bank Pass Book

## BUSINESS DETAILS

Business  Employee  Salary / Income Per Month

Name of Employer

## DECLARATION

In support of my loan application , I set out the above information , which is true to the best of my knowledge. I understand that if any of the information i have procided prove to be false, It will lead to the automatic decline of my application if it is found out that any of the information I have provided proves to be false after disbursement. Avibhakt Samruddhi Nidhi Limited has the right to call back the loan, I consent to in connection with this Avibhakt Samruddhi Nidhi Limited loan application, making such enquiries about my affair as it deems first. I will also be available for further discussions upon request.

Print Left Thumb

Print Right Thumb

Signature of Applicant

## OFFICE USE ONLY

Date

1

Officer Signature