



TrueCare
Nidhi Ltd.

CIN: U65990KL2021PLN071719

'MADHAVAM', Door No. 454C
Kadungamangalam, THIRUVANKULAM
KOCHI - 682035, KERALA
Phone: 9995253789
Email : truecarenidhi@gmail.com
Web.: www.truecarenidhi.com

APPLICATION FORM FOR MEMBERSHIP

Name in Full (Block Letters)

Father's / Husband's Name

Date of Birth

Address for Communication

Male ☐ Female ☐

Phone No.

Occupation / Nature of Business

Permanent Address

Pincode

Mobile

Pan Card No.

Aadhaar Card No.

Monthly Income / Salary Rs.

Email

Pincode

Dear Sir,

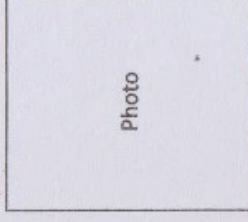
I / We wish to register my / our name with your company, M/s. TRUECARE NIDHI LTD for being considered for allotment of (in figures.....) shares of face value of Rs. 10 (Rupees Ten) each. I / We have remitted a sum of Rupees to the company, this day of2022.

I / We do hereby agree to abide by the rules of the company. In case of any dispute the area of jurisdiction shall be ERNAKULAM.

Yours faithfully,

Signature of the Applicant

Name :



Photo

FOR OFFICE USE ONLY			
Marketing Executive	Branch	Authorised by	
	Copy of KYC documents attached	Checked & Approved	
Name & Signature	Name & Signature	Branch Manger	Date