



TrueCare Nidhi Ltd.

CIN: U65990KL2021PLN071719

APPLICATION FORM FOR MEMBERSHIP

Name in Full (Block Letters)

Father's / Husband's Name

Date of Birth

Address for Communication

Phone No.

Occupation / Nature of Business

Permanent Address

Pincode

Mobile

Pincode

Pan Card No.

Aadhaar Card No.

Monthly Income / Salary Rs.

Email

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 of 2022.

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		Authorised by
Marketing Executive	Branch Copy of KYC documents attached	Checked & Approved
Name & Signature	Name & Signature	Branch Manager Date