



My Wealth Planner
plan today for better tomorrow

FINANCIAL HOSPITAL
A Complete Financial Planner



Hingar & Associates

HNA Audit
Advisory
Taxation
CHARTERED ACCOUNTANTS

REGISTRATION FORM

Client Name : _____
 Father's Name : _____
 Address : Flat No. _____ Building Name _____
 Area _____ City _____
 Pin _____ State _____
 Date of Birth : _____ PAN _____
 Mob. No. : _____ Email ID _____

Bank Details

Bank Name : _____ Branch _____
 Acct. No. & Type : _____ IFSC _____

Required List of Documents-

1. Copy of PAN Card
2. Copy of Form 16

For Office Use only

Documents Attached

☐ PAN Copy ☐ TDS Certificate/Interest Certificate ☐ NSDL 26 AS
☐ Form 16 / 16A ☐ Bank Statement ☐ Tax Challan

Any Others Documents : _____

Name of Receiving Person : _____

Name of Sub-Admin : _____

Name of Executive : _____

Payment Details

Mode of payment:- Cheque / Cash / Online / _____

Cheque No. / Ref. No. _____ Date _____ Name of Bank _____

Acknowledgment

Received a sum of ₹ _____ (in words _____)
 towards ITR file for Asst. year _____ through Cash/Cheque No. _____
 from Mr. _____ having PAN _____ Signature _____

Cheque should be in favor of **"FINANCIAL HOSPITAL"**