

**RELIANCE**

Money

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Reliance Infrastructure Finance (P) Ltd.

**ADVANCE RECEIPT**

Surat Diamond Jewellery Pvt. Ltd.

Regd. Office : Vasant Vilas, 5th Floor, 31 Dr. D.D. Sathye Marg, Near Girgaum Portuguese Church, Mumbai 400004

Distribution Outlet DMSPL092 - DIMAPURFIFTH FLOOR, WEST WING OF NORTH BLOCK IN,BUILDING  
BESIDE KHERMAHAL ROAD, DIMAPUR

Receipt No. : Swarna Vriksh/DMSPL092/06003/25843

Agent Code: 072679050

Application No. : SDJ-0158484

Tenure : 60

Folio No : Swarna Vriksh/DMSPL092/06003

Start Date : 24/04/2012

Name : RAJU LIMBU

End Date : 29/03/2017

Guardian Name:

Transaction No. : Swarna Vriksh/DMSPL092/06003/25843

Address : PHOM COLONY NEAR LORENO  
SCHOOL

Transaction Date : 24/04/2012

PHOM COLONY DIMAPUR  
DIMAPUR DIMAPUR NAGALAND INDIA 797112

Payment by : CASH

Received from RAJU LIMBU the sum of Rs. 1000.00/- ( One Thousand Only ) as advance towards  
purchase of gold coin

SURAT DIAMOND JEWELLERY PVT LTD.

sd/-

**TRANSACTION DETAILS**

Transaction Date	Transaction No.	Amount Deposited	Rate (Rs/gms)	Gms Accumulated	*Charges	Taxes	Total Amount
24/04/2012	Swarna Vriksh/DMSPL 092/06003/25843	1000.00	3191.25	0.3134	0.00	0.00	1000

**SUMMARY OF TRANSACTIONS**

Transaction Date	Transaction No.	Amount Deposited	Rate (Rs/gms)	Gms Accumulated	*Charges	Taxes	Total Amount	IN S
24/04/2012	Swarna Vriksh/DMSPL 092/06003/25843	1000.00	3191.25	0.3134	0.00	0.00	1000.00	1
<b>TOTAL :</b>		<b>1000.00</b>		<b>0.3134</b>	<b>0.00</b>	<b>0.00</b>	<b>1000.00</b>	

\* Charge Description

AMOUNT

SDJ 0158484

## APPLICATION FORM

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RELIANCE

Money



introduces



## Customer Details

This application form to be completed in English with black ink BLOCK LETTERS only

Date\* 24 04 2012

Name\* Mr./Ms./Mrs. RAJU Limbu

First Name

Middle Name

Last Name

Guardian Name Mr./Ms./Mrs. DHANBAHADUR Limbu

(if applicant is below 18yrs)

First Name

Middle Name

Last Name

Gender\*: ☒ Male ☐ Female

Date of Birth\*: 20 04 1982

Address C/O KANTO SINGH, PHOM COLONY, WALFORD NEAR LORENO SCHOOL

City\* DIMAPUR District DIMAPUR State\* NAGALAND Pincode 797112

Tel. Mobile 9402024763 Email

## Proof of age, address &amp; identity to be provided by Customer / Guardian\*

Please submit ANY ONE of the following valid documents &amp; tick (a) against the document attached.

Age Proof: ☐ School Certificate ☐ Voter Identity Card ☐ Passport ☒ Driving License ☐ Panchayat Certificate ☐ Ration Card ☐ PAN CARD☐ Municipal Birth Certificate ☐ Admit Card ☐ Domicile Certificate ☐ Baptism Certificate / Marriage in case of Roman Catholic☐ Gaon Burro Certificate ☐ Others, please specifyAddress: ☐ Latest Telephone Bill ☐ Latest Electricity Bill ☐ Passport ☐ Driving License ☐ GAS Bill ☐ Ration Card ☐ Latest Bank Passbook☐ Latest Bank a/c statement ☐ Voter Identity Card ☐ Panchayat Certificate ☐ Registered Lease / Sale Agreement of residence☐ Others, please specifyIdentity: ☐ PAN CARD ☒ Driving License ☐ Postal ID Card ☐ Voter Identity Card ☐ Passport☐ Panchayat Certificate ☐ Other Please Specify

ID Card No.\*

x Signature / Thumb Impression

## Advance Payment Details

Tenure\* ☐ 3years (12 months) ☒ 5years (12 months) ☐ 7years (12 months) ☐ 10years (12 months) Monthly Committed Advance\* (₹) 1000

Initial Advance Payment (₹): 1000 Details of Initial Payment Received: Cash/DD No. Dated On Drawn On

## Nominee Details

Name\* Mr./Ms./Mrs. CHAMPA Limbu

First Name

Middle Name

Last Name

Appointee / Guardian Name Mr./Ms./Mrs. (if nominee is below 18yrs)

First Name

Middle Name

Last Name

Gender\*: ☐ Male ☒ Female

Date of Birth\*: 10 05 1957

Address

City\* District State\* Pincode

Tel. Mobile Relationship with Customer\* MOTHER

## Proof of address &amp; identity to be provided by Nominee / Appointee / Guardian\*

Please submit ANY ONE of the following valid documents &amp; tick (a) against the document attached.

Address: ☐ Latest Telephone Bill ☐ Latest Electricity Bill ☐ Passport ☐ Driving License ☐ GAS Bill ☐ Ration Card ☐ Latest Bank Passbook☐ Latest Bank a/c statement ☐ Voter Identity Card ☐ Panchayat Certificate ☐ Registered Lease / Sale Agreement of residence☐ Others, please specifyIdentity: ☐ PAN CARD ☐ Driving License ☐ Postal ID Card ☐ Voter Identity Card ☐ Passport☐ Panchayat Certificate ☐ Others, please specify

ID Card No.\*

x Signature / Thumb Impression

At the time of redemption additional amount to be paid towards taxes and levies as may be applicable from time to time. In case total amount at any time exceeds Rs. 5,00,000/- and for any single cash payment of Rs.50,000/- or more PAN card is mandatory. Redemption from only select branches.

\* Mandatory Field

# Terms & Conditions of Offer

- Swarna Vriksh (hereinafter referred to as "the Plan") is promoted by Surat Diamond Jewellery Pvt. Ltd. (hereinafter referred to as "the Company"), to enable systematic and disciplined purchases of Gold by Individuals for their personal requirements. At the same time it provides a complementary Risk cover to take care of pending Swarna Vriksh Advance Payments in case of untimely demise of customer.
- The Gold Coins offered under this plan are 24 carat imported Swiss Gold Coins of 99.99% purity in tamper proof packaging with international assay certification and are offered in denominations of 0.5gm, 1 gm, 5gm, 8gm and 10gm (the Gold Coins). No claims whatsoever will be entertained once the tamper proof packaging is opened or damaged.
- The Company will not be responsible for any complaints whatsoever in respect of the Gold Coins, once they are delivered to the customer.
- Participation under this Plan is open to resident Indian Individuals only.
- By opting for this Plan, the customer confirms that he/she has read, understood and agreed to the terms and conditions of the plan as contained herein.

The various tenures available under the plan along with corresponding Lock-in Periods are given below.

Tenure	3 Years	5 Years	7 Years	10 Years
Lock-in Period	12 months	12 months	12 months	12 months

Customer cannot redeem the Gold Coins before the completion of the Lock-in period.

- Under the Plan, a customer has to opt for a Monthly Committed Advance amount which may be ₹500/- (i.e. minimum Monthly Committed amount) or any amount in multiples of ₹500/- (maximum Monthly Committed amount is unlimited).
- The customer cannot change the Monthly Committed Advance amount from the tenure & value which was selected at the time of registration. However any payment for the first six advances must be equal to the Monthly Committed Advance only. After the first six monthly committed advances are paid for, the customer has the option to make all further payments and Subject to a min amount of ₹500/- and in multiples of ₹500/- thereafter. A customer may make multiple payments during a month.
- A COPY OF THE PAN card of the customer (guardian in case of a minor) is mandatory wherein the cumulative value of gold purchased under the plan exceeds an amount of ₹5 lakhs anytime during the term of the plan or a cash payment of more than ₹50,000 is made in a single transaction.
- On payment of advance amount, and upon the entry in the Company's Gold Inventory System (the System), the Gold Grams shall be purchased by the company at the day's prevailing rate of Gold in the system and shall be accumulated in their respective account.
- In the event the Customer pays the advance amount by way of cheque/DD then the Gold grams will be credited to the Customer's account at the price prevailing in the system at the time of entry in the system.
- In case of cheque / DD being returned by the bank, operational charges of ₹200/- will be levied and the Gold Grams credited will be reversed.
- The Price of Gold Coins offered by the company under this plan may be different from what is available in the open market or at any other retail outlets. The price at which the Gold Grams are purchased will be as detailed in the system generated Advance payment receipt issued by the Company to the Customer.
- The Customer has to pay the Service Charge directly to Delight Multi Services Pvt. Ltd. at the following rates

Tenure	3 Years	5 Years	7 Years	10 Years
Service Charge	3%	5%	5%	5%

The customer has to pay the entire Service Charge separately with the first 6 advances. Service charge has to be paid at the rate of 1/6<sup>th</sup> of the total payable service charge with the first 6 advances.

- The Customer will qualify for Loyalty Reward on the Eligible Advance Payments as per the details given below:

Tenure	3 Years	5 Years	7 Years	10 Years
Loyalty Reward	3%	5%	5%	5%

Loyalty Reward is applicable on the Eligible Advance Amount paid as and by way of Gold grams upon successful completion of at least 3 years tenure and the same shall be added to the gold grams accumulated. The Eligible Advance Amount for Loyalty reward calculation is the lower of the Cumulative Advance Payments realized or Monthly Committed Advance multiplied by the months since inception. Monthly Committed Advance is the Advance Payment committed by the customer at the time of registration calculated on a per month basis.

For Example: For fixed term of 10 Years and monthly committed advance of ₹3000/- the Eligible Advance amount is ₹3,60,000/- assuming that the customer has fulfilled all monthly committed advance payments. If the customer redeems post the completion of 10 Year term, the customer would qualify for a Loyalty Reward of 5%. Thus the Loyalty reward value on Eligible Advance Amount will be ₹18,000/- (₹3,60,000 x 5%). All Loyalty Reward will be given in the form of Gold grams.

- 1% loyalty reward will be paid after completion of 4th year in the case where tenure of the plan is more than 3 years i.e. after completion of 4 years (3+1)=4% loyalty reward will be given.
- Loyalty Reward shall become payable only at the time of redemption as per the Gold Rate prevailing in the system at the time of redemption. No additional Loyalty Reward is applicable on Cumulative Advance Payments greater than Total Committed Advances which is calculated as Monthly Committed Advance multiplied by the Tenure in Months. No Loyalty Reward will be given in case the cumulative Advance Payments made by the customer falls below the Monthly Committed Advance multiplied by the Months since inception for more than 2 calendar months in any year.
- The Gold Coins offered under this plan are subject to the taxes, levies, charges as applicable from time to time.
- Once the Customer has placed a redemption request, the Company will not accept any changes thereafter.
- At the time of placing redemption request, Customer will have to pay cash or issue a DD (subject to realization) towards rounding-off accumulated grams to the nearest 0.5 gram along with the applicable taxes on the Gold Coins redeemed at the then prevailing price in the system.
- Physical Redemption of Gold Coins is available only at select branch locations. The Customer may at the time of placing the redemption request, select any one of these branch locations for redeeming the Gold Coins. Delivery of physical Gold Coins will happen by the 15th of the next month, for all redemption requests placed during the previous calendar month.
- At the time of collection of Gold Coins, the Customer has to come in person and needs to provide a copy of his/her Photo ID proof along with the redemption receipt issued by the company.
- Company will be solely responsible for the declared purity of the Gold Coins under the plan.
- Delight Multi Services Private Limited neither holds any guarantee nor shall it be liable in any manner whatsoever for any deficiency or shortfall in service or for any issues or disputes connected with the Plan or the Risk Coverage or quality, purity, quantity of gold etc. or any issue regarding delivery of gold coin. The Customer under this Plan hereby acknowledges that the Company will be directly responsible for all matters connected with the said plan including Risk Coverage.

The term "Company" as and where appearing herein shall mean and imply "Surat Diamond Jewellery Pvt. Ltd."

- In the event of death or permanent disability of the customer, the nominee or a guardian (in case the nominee being a minor) can take delivery of accumulated Gold Coins under the plan. In such cases, the nominee/guardian, as the case may be, needs to provide proof of identity bearing his/her signature, Photo ID proof and the death certificate / disability certificate of the Customer, as applicable. The nominee under this plan will be the person earlier nominated by the Customer.
- The Company reserves the right to reject any application on any ground for non compliance of requisite norms. In the event of rejection of application, the Company will refund the advances to the customer directly. However, once the application is accepted no advances paid by the customer under the plan shall be refunded. Further the Company shall not accept any request for exchange of Gold Coins redeemed under this plan and no transfer of assignment of any payment made by the customer is permitted.
- The Company reserves its right to alter, amend, add or delete a part or whole of the plan upon prior written notice of at least 2 months and with an option to the customer to redeem the gold coins immediately thereafter. Company also reserves its right to discontinue the plan any time after 3 years by providing prior written notice of at least 2 months and in such an event no new payment will be accepted and all redemption requests of the existing customers of the plan will be processed as per the above terms and conditions immediately on such discontinuation. However, no such alteration, amendment, addition or deletion in the plan shall be effected before completion of 3 years from the date of subscribing the plan by a customer.
- It is understood that participation in this Plan is voluntary. The Company offers no investment advice or any assured returns while promoting the plan.
- Reliance Infrastructure Finance (P) Ltd. is only a provider of logistics assistance to the Company.

## Activation and Termination of Risk Cover under the Plan

- Life Risk cover is provided by Reliance Life Insurance Company (RLIC) Limited through "Reliance Group Term Assurance Scheme" of Reliance Insurance Company Limited.
- Life Risk Cover is applicable only to resident Indian Individuals between the age of 18 and 44 as per the next birthday.
- Acceptance or Rejection of Life Risk will be based upon the information provided in Personal Declaration Form (PD form) & is at complete discretion of RLIC. If the Risk cover of the client is rejected by RLIC due to any reason then the client will not be eligible for Risk cover.
- Risk Cover becomes effective subject to acceptance of the PD Form and satisfaction of RLIC in all respect and upon the cumulative advance payments made by the customer becoming greater than the Minimum cumulative advance. The minimum cumulative advance is calculated as the Monthly Committed Advance multiplied by Months in Lock-in period.
- Subject to the terms and condition herein, Clients under the Plan will be covered under the Group Term Assurance Policy issued by RLIC. Each client will be provided the copy of COR, once the Risk cover becomes applicable. Client is required to keep the safe custody of COR as in case of death of the client; the beneficiary will be required to produce original COR along with other required document as per Insurance Company's policy for settlement of claim.
- Risk cover will cease due to following reason:
  - At the end of the Term or till the client attaining 55 years of age whichever is earlier.
  - The cumulative advance payments of the customer falls below the Monthly Committed Advance multiplied by the months since inception for more than 2 calendar months in any year.
  - The cumulative advance payments of the customer become greater than the Total Committed Advance before the completion of the tenure. The Total Committed Advance is calculated as the Monthly Committed Advance multiplied by the Tenure in months.

Note: The Risk cover cannot be renewed in any case if the same is terminated due to any reason mentioned as above.

## Calculation of Assured amount under the risk cover

- Once the Risk cover is applicable to the client, the assured amount will be the Total Committed Advance minus the Cumulative Advance Payments made, subject to a maximum of ₹10 lakhs.  
For example: If the monthly committed advance of the client is ₹3000 for a 10 Year Term, and the cumulative advance payments made till date is ₹50,000 then the assured amount applicable to the client will be ₹3,10,000 (Assured amount = Total Committed Advance - Cumulative Advance Payments; Total Committed Advance = ₹3000 [Monthly committed advance] x 120 [Tenure in months]; Advance Payments Received = ₹50,000).  
In case the customer has made Cumulative Advance payments of only ₹20,000 then the Risk cover will only become effective once the customer's cumulative advance payments reach ₹36,000 (Minimum Cumulative Advance Payment = Monthly Committed Advance x Lock-in period Months = ₹3000 x 12)
- Loyalty Reward Gold grams will not be credited to the customer in case a claim is made under the said Risk cover.

## Settlement of Claim under the Risk Covered

- All claims and settlement of claim for the Risk covered under the Plan will be subject to the COR.
- In case of death of the client, the nominee has to inform us within 3 months of the death of client. Nominee needs to file the claim along with the required document for claim settlement as per the Insurance Company's policy.
- If the claim is filed after 3 months of death of client, same shall be subject to investigation by RLIC.
- The Risk coverage cannot be claimed in case of death of the client happens due to the following reason:
  - Death due to suicide
  - Death due to pre-existing conditions (No claims are payable for deaths due to sickness, diseases or accident which has occurred prior to the start of the cover).
  - Death during waiting period (No claims are payable for deaths occurring within 90 days of the Risk coverage become applicable except for death due to accident).
- The assured amount under the Risk cover will be calculated from the date of death.
- The customer will be able to place a redemption request only upon successful settlement of the Claim by RLIC under the said Risk Coverage.
- While settling a claim under the Risk Coverage, customer will be given equivalent gold grams as per the prevailing rate of Gold in the system at the time of placing redemption request.
- Disputes, if any, are subject only to the jurisdiction of the courts at Mumbai.

I accept the above terms & conditions.

  
Signature / Thumb Impression

In case of thumb impression or signature in regional language Vernacular Declaration Form mandatory.

To be completed by Enrolling Branch (for office use only)

Application Form No. SDJ-0158484  
Name of Branch DIMAPUR Branch Code DMSPL092  
Name of Co-ordinator JITENDRA KUMAR Co-ordinator Code 07.2679050  
SINGH

Receipt No.	Initial Amount	Date	Initial of User
<u>25843</u>	<u>500</u>	<u>24/5/12</u>	

System Generated Customer Identification No.

06003/25843

Branch Stamp

Authorised Signatory

FORM 17  
OM 7 RULES  
1989

**MOTOR DRIVING LICENCE**  
GOVERNMENT OF MANIPUR

D.L. No. **202695/Mh**

Date of Issue: **22.11.2010**

Name: **Raju Limbu**

s/wid of: **Dhanbahadur Limbu**

Address: **Julukie Town, Dist/PS, Pa  
Nagaland.**

Temp. Add: **Sora Bazar, Manipur.**

Dt. of Birth: **20.04.1982**

Blood: **O+ve.**



**LICENSED TO DRIVE THROUGHOUT INDIA VEHICLE  
OF THE FOLLOWING DESCRIPTIONS:**

<input checked="" type="checkbox"/>	Motor Cycle without
<input checked="" type="checkbox"/>	Motor Cycle with
<input checked="" type="checkbox"/>	Light Motor Vehicle
<input checked="" type="checkbox"/>	Medium Goods Vehicle
<input checked="" type="checkbox"/>	Medium Passenger
<input checked="" type="checkbox"/>	Heavy Goods Vehicle
<input checked="" type="checkbox"/>	Heavy Passenger Motor Vehicle
<input checked="" type="checkbox"/>	Auto Rickshaw/Tractor

Holder's Signature  
**Simon Keishing**  
**SIMON KEISHING**  
District Transport Officer  
Thoubal Dist Manipur

is valid from **22.11.2010** to **21.11.2013.**



सत्यमेव जयते

SHRI KANTO SINGH  
PHOM COLONY  
WALFORD  
DIMAPUR  
NAGALAND

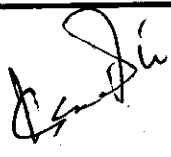
GOVERNMENT OF NAGALAND  
DEPARTMENT OF POWER  
ELECTRICAL DIVISION, DIMAPUR

Sub-Division

Electricity Bill for MARCH 2012

Consumer No. 12020204341  
Reading Date 02nd MAR. 2012  
Bill Date 03-04-2012

Supply at SHRI KANTO SINGH WAL  
FORD DIMAPUR  
Category DOMESTIC  
Consumer Class LT

BILLING RATE	METER NUMBER	METER READING		UNITS CONSUMED	AMOUNT
		PREVIOUS	PRESENT		
01	027652	3985	4021	33	
MINIMUM ENERGY CHARGE					100.00
CHRG FOR PUBLIC LGT					10.00
XXXXXXXXXXXXX Total Energy Charge					20.00
Meter Rent					
DR ADJUSTMENT	Arrear B/F	FDR 02/2012			0.10
					
Total Amount Payable on or before Due Date					130.00
SURCHARGE for Delayed Payment					3.30
Amount Payable after Due Date					133.00
DUE DATE 7-04-2012					

PLEASE READ IMPORTANT INFORMATION ON REVERSE

Save your child from 8 childhood Diseases. Avail  
FREE & timely Immunization at all Health Centres.

For Department of Power

Start Breastfeeding within one hour of birth and  
Breastfeed exclusively for 6 months.

Sub-Divisional Officer  
Elect. Sub-Division No.

E. & C.E.



Life Insurance

Application No. SD7-0158484Name of Life to be insured RAJU LIMBU Contract Number 9402024763Present Occupation BUSINESSHeight 165 Weight 58 Gain or Loss in past year NOPersonal Physician (Name and Address) NA

1. Are you now in good health and entirely free from any mental or physical impairments or deformities? YES
2. Have you ever suffered or do you now suffer from:
- a) diseases of the circulatory system (e.g. heart trouble, rheumatic fever, high blood pressure, diseases of the arteries and veins)? NO
  - b) diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)? NO
  - c) diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)? NO
  - d) diseases of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)? NO
  - e) diseases of the nervous system or mental disorders (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown)? NO
  - f) diabetes, cancer, or any diseases of the blood, glands, spleen, ears, eyes or skin? NO
  - g) unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhoea, unexplained infections or swollen glands? NO
  - h) any other diseases or ailments not mentioned above? NO
3. Have you had or been advised to undergo hospital treatment or surgery in the last one year? NO
4. Have you had or been advised to have a blood test for AIDS or an AIDS-related condition or have you ever been refused as a blood donor in the last one year? NO
5. Have you consulted a physician for any reason, including routine examinations and blood tests, or have you received any blood transfusions within the last one year? NO
- If you answered "yes" to any of the above questions, please give complete details (including dates, duration and treatment, names and addresses of physicians) on the back of this form with your signature.
6. Has any proposal for life assurance been declined or postponed or been accepted with an extra premium in the last one year? NO

I hereby declare that the foregoing statements and answers are full, complete and true. I agree that they shall be the basis of revival of my above contract of assurance and the Reliance Life Insurance Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for revival of the contract of assurance and withheld or concealed in the above statements.

I authorize any physician, nurse, hospital official or employee to disclose to the Reliance Life Insurance Company any and all information regarding my medical history.

DIMAPUR  
Place24/4/12  
Date  
Signature of Life to be insuredJITENDRA SINHA  
Name of witnessDIMAPUR  
Address of witness  
Signature of Witness

If signature is in vernacular, please complete the following declaration:  
I have explained the contents of this form to the life to be insured and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought in the form and I have read the responses back and confirmed that they are correct.

Name of Declarant

Address of Declarant

Signature of Declarant