CIN U65924KL2016PLC045738

Sangeeth Nidhi Limited

Reg. Office: 26/437, SML Building, Toll Junction, Edappally - 682024

APPLICATION FORM FOR DEPOSIT																							
(PLEASE										_		ΕF	ЭR	RM)									
DEPOSIT SCHEME CHOSEN	I/WE SEND HERE WITH Rs																						
Please tick appropriate box	Rs																						
PERIOD OF DEPOSIT	CASH CHEQUE/DD NFFT/RTGS/ Transaction No.																						
	NAME AND PLACE OF BANK																						
6 TO 60 MONTHS	NAME OF SOLE/FIRST APPLICANT MR/MRS/MISS																						
TYPE OF DEPOSIT	1																						
SD	AD	DR	ESS (Plea	se do	not/	write	the N	lame	agai	n)												
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SHARE HOLDER CATEGORY DIRECTOR FOLIO NO/ACCOUT NO.															P	'IN							
	DA	DATE OF BIRTH																					
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	NA	ME	OF S	EC	A DNC	PPL	ICAN	ТМ	R/MRS	S/MI	ss												
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RATE OF INTEREST					INEE I	JD/I	MPS/	MISS	<u> </u>														
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Former	╙															\perp	\perp		\perp				
PAYABLE Either/	R	ELA	TION	SHIF	⊃ WITH	1 TH	IE AP	PLIC	ANT	:				_		_	_	_	,				
TO Survivor Former/		INICOME TAX DARTICUL ADO										DOB of Nominee:											
Survivor		INCOME TAX FARTICULARS										Declaration I/We declare that I/We am\are resident (s) in India											
THIS IS New Deposit							and am/are not depositing this amount as nominee(s) of any non-resident																
FOR Renewal	P.A.N										I/We declare that the first named depositor should be												
OLD F.D. R/C.C R No									1	treated as the depositor for the purpose of deduction of tax under Section 194A of the income tax, Act 1961. I/We													
EXISTING NO		•				I	have read and agree to abide by the attached terms and conditions governing the deposit.																
DEPOSITOR YES	FOI	RM	15 G/H	I ATT	ACHE	Ю	I/We declare that what is stated in the application is true and correct.																
	TAX	(TC	BE D	EDU	CTED	10 ,																	
INTEREST	Name of the Bank																						
PAYMENT Yearly											Place												
Monthly	Na	Name of the Branch								ı ıa	CC						••••						
MODE OF Credit to SD INTEREST With Other Bank	SB/SD									Date													
	Acc. No:																						
	IFSC Code :									Signature of Applicant													
Verification: I/We have gone	thre	אוומ	h the f	inan	ncial ar	nd o	thar d	eclar	ations	furr	nieh	ed h	v tk	10 C				nd a		ır cai	fu		
consideration I/We am/are r																			110	i cai	Giu	•	
Sole Applicant						2	nd Ar	plica	nt														
4.1					F		Office	-															
Date of Receipt of Applicati	on				<u> </u>	<u> </u>			Depos			odu	ced	d by:									
Depositor / Account No.	Date	е		ome/Work								ld=-	00										
									Home Address Work Address														
Date of Maturity																							
	Manager S										gnature												