FINFARM NIDHI LIMITED

Add. : TF-68 SHREE SIDDHESHWAR, HALLMARK AJWA ROAD VILL-VADODARA, VADODARA, Vadodara, Gujarat, India, 390019



APPLICATION FOR MEMBER	RSHIP	
Application No.		
Branch Code		
To, The Director,		
Finfarm Nidhi Limited,		
Sir, I, Shri/Smt./Miss :		
Opt to be member in "Finfarm Nidhi Limited" and my detailed particulars are as follows : <u>PERSONAL INFORMATION</u>		
Name of Applicant :		
Father's/Husband's Name :		
Present Address :		
City : State :	Pin Code :	
Permanent Address :		
City : State :	Pin Code : .	
Date of Birth :	ender : M F Others	
PAN No Mob No	Nationality	
E-mail ID :		
*PASSPORT PAN CARD VOTER ID AADHAR CA	ARD OTHER	
Banker's Name: I		
A/c No.	Code :	
Ede. Qualification :		
Office Address :		
Intoduced by:(Name & Address of the Introducer)		
Signature of Introducer : Employee C	Card No. :	
DECLADATION		

DECLARATION

I here by declare that I voluntarily opt to become a member in Finfarm Nidhi Limited and shall bound to the existing rules and regulations of the company and also the amendments as may take place from time to time.

Place _____ Date | | | | | | | |

Signature of the Member

MEMBERSHIP BENEFITS

- 1. A person has to Provide passport size photograph along with identity proof with application form. It is mandatory to provide.
- 2. The membership fee is Rs. 50/- (One Time Non Refundable)
- 3. Minors Cannot become member of the company.
- 4. The lunatics are also not eligible for membership in the company.
- 5. A member can open saving/recurring/fixed deposit account in the company.
- 6. Loan will be granted to the members only.
- 7. A member can avail loan on KVP/NSC/RD/FD/Govt. Bonds/Gold/Property From the Company.
- 8. At the time of maturity the specimen signature of the member will be tallied.
- 9. All disputes shall be governed by laws of India and shall be subject to exclusive jurisdiction of the courts at Vadodara.

FOR OFFICE USE ONLY

I Shri	Designation
Employee code	of branch has verified all the particulars of the membership
Application of Sir/ Smt./Miss	and Received RsVide
Receipt No	. Date towards the membership fee.

Signature of Cashier / Office Assistant

I/We physically verified the relevant documents and allotted the membership No.

To Mr./Mrs./Miss_____ON____

Branch Manager