CIN NO : U65929WB2020PLN238454

Intern Kings
NIDHI LIMITED

INTERN KINGS NIDHI LIMITED

www.nidhi.internkings.com
nidhi@internkings.com
Ph no: 844 844 0833

Form no. : 1793656335

Branch:.....

ACCOUNT OPENING FORM

Membership No. | | | | | | | | |

Customer ID No. | | | | | | | | |

Account No. | | | | | | | | | | |

Scheme Code	Term of Plan	A/C Open Date	Total Deposit Amount	Mode	Installment Amount	Total Amt

Please open an account as per details given below with an initial deposit of Rs...../

In word(.....)

Applicant's Name:*

Mr/Mrs/Miss/ (A) .....

Father's / Husband Name:.....

Address of Applicant*.....

.....

District .....Pincode .....State .....

PAN CARD (A) | | | | | | | | | | Mobile No. | | | | | | | | | | Sex .....

Mr/Mrs/Miss/ (B) .....

Father's / Husband Name:.....

Address of Applicant*.....

.....

District .....Pincode .....State .....

PAN CARD (B) | | | | | | | | | | Mobile No. | | | | | | | | | | Sex .....

Please fill up form 60/61 in case non-availability of PAN*

D D M M Y Y Y Y

Registration No. | | | | | | | | | | |

Date of Establishment (In case of Firm / Companies / Trust / Institution)

D D M M Y Y Y Y

Email ID: | |

In case the deposit in the name of Minor then Date of Birth of Minor *:

Guardian name * .....

Relationship with Minor .....

Address of Guardian .....

a.	b.

*Affix the latest Photograph of All Persons opening the account

Specimen Signature	
1.	2.

Note : Compulsory fill up the fields marked with asterix

PARTICULARS OF INTRODUCTION / IDENTIFICATION

Form no. : 1793656335

Name and Address of Introducer.....

Introducer's A/c No. | | | | | | | | | | | Date | | | | | | | | |

I certify that I have known Mr / Mrs / Miss .....For the last .....

Month / Years and confirm that his / her / their Name, Business and Address mentioned in the application form are correct

....

*Signature of Advisor/ Introducer *Verifying Officer

Code No. (In case of Advisor) .....

NOMINATON FORM

(to be obtained in case of all deposit accounts in the name of individuals in Single / Joint names)

I/We here by appoint the following person as nominee in respect of deposit A/c .....

Nature & No. of A/c	Nominee's Name	Relation with Applicant	Age	If nominee's is minor, his/her DOB

*As the nominee is a minor on this date, I/We appoint Mr/Mrs/Miss/Dr .....

Age ..... Resident of ..... as his / her guardian

Thumb Impression (S) of Dipositor (S)

1.	2.

Witness

Name ..... Signature .....

Address ..... Registration No. .....

Date .....

MODE OF OPERATION

☐ Self Only ☐ Jointly ☐ Either or Survivor ☐ Any Other

Note : Compulsory fill up the fields marked with asterix

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*No interest or any other benefit will be payable after the date of maturity.

* ..... Reserves the Right to change the Rate of Interest & Amend, the Terms & Conditions of the Scheme.

* In case of Pre Mature Payment of deposit, rupee value of the Gift, if any given to the depositor, will be recovered along with interest @.....% Per annum (Monthly Compounded).

DECLARATION BY THE DEPOSITOR (S)

I/We ..... are opening an account under ..... Scheme, the rule related to which we have read & understood and accept the rules of the scheme and agree to abide by any future amendments/changes in the scheme.

Sincerely

.....

DECLARATION IN CASE OF ILLITERATE DEPOSITOR (S)

I .....S/o/D/o/W/o ..... R/o ..... declare that I have read out and explained in local language the rules, terms & conditions of scheme to the deposit Mr/Mrs/M-iss .....S/o/D/o/W/o Mr .....

Signature Declarant

.....

I have applied For Intern Kings Nidhi Ltd Prepaid Card (Not applicable for FD/RD), Issuing fee will be deducted from my SB Account

Signature

.....

Note : Compulsory fill up the fields marked with asterix

*TO BE FILLED BY THOSE APPLICANT WHO DO NOT HAVE PAN CARD

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(FORM NO.60/61)

Form of declaration to be filed by a person who dose not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of the rule 114B.

1. Full name and address of the declarant.

.....
.....
.....

2. Particulars of transaction.

.....

3. Amount of the transaction.

.....

4. Are you assessed tax (Yes/ No)

5. If yes
(1) Details of word/circle/range where the last Return of Income Tax Filed?
(2) Reason for not having Permanent Account Number/General Index Register Number?

6. Details of the document being produced in support of Address in column (1)

Date .....

Place .....

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income tax in respect of transaction specified in clauses (A) to (H) of the rule 114B.

1. Full name and address of the declarant.

.....
.....
.....

2. Particulars of transaction.

.....

3. Details of the document being produced in support of Address in column(1)

.....

(I hereby declare that my source of Income is form agriculture and I am not required to pay Income Tax on any other income if any)

Date .....

Place .....

Signature of Declarant

.....

VERIFICATION

..... do hereby declare that whatever is stated above is true to the best of my knowledge and belief.
Verified today, the ..... day of ..... 20 .....

Date .....

Place .....

Signature of Declaring

.....

Note: 1. compulsory fill up the fields marked with asterix. 2. Applicant needs to affix his/her latest photograph. 3. Attach self attested photocopies of KYC documents, such as, address proof, identity proof and PAN card compulsory.