DCFS NIDHI LIMITED

CIN U65999HR2019PLC077840 (Regd. with Ministry of Corporate Affairs, Govt. of India)
1710 D, Om Enclave-II, Faridabad, Haryana - 121003
dcfsnidhiltd2019@gmail.com +91-9315919165

MEMBERSHIP APPLICATION FORM

(To be filled by the Applicant, Use Block Letter/Tick where applicable)

To,
The Director
DCFS Nidhi Limited

Date: _____

Affix Self-attested Passport Size Photograph

I, Shri/Smt./Miss ..... opt to be member in DCFS Nidhi Limited and my detailed particulars are as following:

Full Name: .....

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

Mother's Maiden Name: ..... D.o.B.: ..... Sex: ☐Male ☐Female

Present Address: .....

.....

District: ..... State: ..... Pin Code: .....

Permanent Address: .....

.....

District: ..... State: ..... Pin Code: .....

Aadhaar No.: ..... PAN No.: ..... Mob. No.: .....

Email: ..... Nationality: .....

Occupation: ☐ Salaried ☐ Self Employed ☐ Self Employed Prof. ☐ Retired ☐ Homemaker ☐ Politician ☐ Student ☐ Others, please specify .....

If salaried, employed with: ☐ Private Sector ☐ Public Sector ☐ Government ☐ Multi National Company

Gross Annual Income in INR: ☐ <50,000 ☐ 50K-1Lac ☐ 1Lac-3Lac ☐ 3Lac-5Lac ☐ 5Lac-10Lac ☐ >10Lac

Residence Type: ☐ Owned ☐ Rented/Leased ☐ Ancestral/Family ☐ Company Provided

I have attached latest copy of following as Proof of Identity:
☐ Passport ☐ PAN Card ☐ Voter ID Card ☐ Driving License ☐ Aadhaar Card

I have attached latest copy of following as Proof of Address:
☐ Passport ☐ Bank Account Statement ☐ Telephone/Electricity Bill ☐ Driving License ☐ Aadhaar Card

DECLARATION BY APPLICANT

I hereby declare that I voluntarily opt to be a member in DCFS Nidhi Limited & shall abide by the existing rules & regulations of the company & also the amendments as may take place from time to time. The declaration is made by me is correct & I have been explained everything related to the membership in language known to me.

Place: .....

Date: .....

.....
Signature / Thumb Impression of Applicant

DECLARATION IN CASE OF APPLICANT IS THUMB HOLDER

I ..... S/O, D/O, W/O Mr. .....

resident of ..... declare that I have read out and explained the rules, regulations, terms and conditions of membership in detail to the applicant Shri/Smt./Miss ..... S/O, D/O, W/O Mr. ..... in local languages.

.....
Signature of Declarant

FOR OFFICE USE ONLY

I, Shri/Smt./Miss ..... designation .....

with Employee Code ..... of ..... Branch has physically verified all the particulars & relevant documents of the Membership Application of Shri/Smt./Miss ..... and Received Rs. ..... vide receipt no.....on date ..... towards the membership fee.

Applicant signed in my Presence.

Allotted Membership Number: .....

.....
Employee Signature

.....
Cashier / Office Assistant Signature

.....
Director Signature

GENERAL INSTRUCTIONS / T&Cs (FOR MEMBERSHIP OF DCFS NIDHI LIMITED)

1. A person has to attach Duly filled Share Application Form with Membership Application Form.
2. A person has to affix his/her recent passport size photograph on Membership Application Form.
3. A person has to attach latest copy of address & identity proof with Membership Application Form.
4. A person has to take Share(s) of Rs.10/- for Saving/Recurring Deposit Account and Rs.100/- for Fixed Deposit and other schemes in Company.
5. A minor shall not be admitted as a member of Nidhi; Provided that deposits may be accepted in the name of a minor, if they are made by the natural or legal guardian who is a member of Company.
6. The lunatics are not eligible for membership in the Company.
7. A member can open Savings/Recurring/Fixed Deposit account in the Company.
8. A member can avail loan on gold, silver and jewellery / immovable property / fixed deposit receipts, National Savings Certificates, other Government Securities and insurance policies from the Company.
9. At the time of withdrawal transaction in account(s), the specimen signature of the member will be tallied.
10. All disputes shall be governed by Laws of India and shall be subject to exclusive jurisdiction of the courts at Faridabad, Haryana.

_____
Signature of Applicant