भारत सरकार द्वारा मान्यता प्राप्त **Reg. No. : U65999BR2019PLC041305**

IDS NIDHI
We Know Your Need

MEMBERSHIP APPLICATION FORM

MuzaffarPur,Bihar, INDIA ,Customer Care : **8744 - 085085**, Email : info@idsnidhi.in Visit us at : idsnidhi.in

A Company Registered 2013 & 2014 rules respectively, working on the lines of Nidhi Company.

EMP ID	
Membership ID	

Date	D D M M Y Y Y Y

Branch Name:		Branch Code	

Mr. / Miss. / Mrs. _____

S/o. / D/o. / W/o_____

I submit my application form to be an associate member of "IDS Nidhi Limited" with the Membership fee of Rs. 10 after acceptance of my membership I will abide by all the existing rules, regulation, sub-rules any amendment modification or done by the company from time to time. I solemnly declare that I am not a member of any other company similar in nature of "IDS Nidhi Limited". However all information provided by me in the application form is true and correct to the best of my knowledge.

Member Details :

D.O.B.	Gender	Marital Status	Educational Qualification		Religion			Catagory	
D D M M Y Y Y Y	Male	Married	Below Matric	Graduate / P.G.	Hindu	Sikh	Jain	BC	SC
Age (Attach Birth Certificate)	Female	Unmarried	Matric / 10+2	Professional	Muslim	Christian	Other	ST	General

Please fill in Appropriate Block

Occupation		Service		Business		Farming		Professional		Housewife		Student		Other	
Domicile (Attach Photo Copy)		Aadhar Card		Voter I.D.		Electricity Bill		Telephone Bill		Education		Ration Card		Other	
Identity Card (Attach Photo Copy)		Identity Card		Voter I.D.		PAN Card		Pass Port		Driving Licence		Other			

Permanent Address

Taluka:		District:	State:
Pin Code:	E-mail ID:	Mo. No.:	PAN No.:

Status of the Depositor

Tax to be deducted
Yes No Not
Applicable Tax not to be deducted
Form 15G/15H Enclosed

Share Holder | Share No. | Date D D M M Y Y Y Y

Repayment of Deposit to be made payment to: First depositor Any one or Supervisor
Either or Survivor Jointly Former of Survivor **Share Value:** **Share Purchase:**

Nominee : Mr. / Mrs. / Ms. _____ Last Name

Relationship : Age :

Details of witness / Proof

If witness is a member of IDS Nidhi Limited, Then mention membership Number		Membership No.	
Mr. / Mrs. / Miss			
Correspondence Address			
	District	**State**	
Pin Code	**Mobile No.**		

Associate Code

Associate Name

Associate Sign.

ONLY FOR OFFICE USE

After review by the Divisional Manager / Membership Committee / Authorized Officer of the IDS NIDHI LTD., the above application is Accpeted / Rejected.	**Office Stamp & Signature of Authorised Officer**
Attachments : 1. Three New Colour Photograph 2. Aadhar/Voter Id/Pan Card/Driving License 3. Educational Certificate 4. Birth Certificate 5. Ration card/A/c Statement/Electricity Bill	Date Receipt No. of Membership Fee Allocation Membership Number

Terms & Conditions For Membership

1. The declaration in writing by the applicant that he/she is not Member of any other company similar to the IDS Nidhi Limited.
2. The application qualified all the term & conditions of IDS Nidhi Limited.
3. The application should either be a resident of working within work area of IDS Nidhi Limited.
4. The application must be minimum of 18 Years of Age.
5. The organizing division / Membership Committee / Authorized Officer of IDS Nidhi Limited reserve the right to accept or reject any application.
6. The applicants should never have been declared bankrupt or charge for bankruptcy by competent court.
7. TDS & all other taxes are applicable as per Govt. norms.
8. I accept all the Terms and Conditions of IDS Nidhi Limited and I want to be a member of IDS Nidhi Limited.

Terms & Conditions Regarding Cancellation of Membership

The Membership of any Member can be cancelled basic Facts:

1. If the present occupation of the member similar to that of IDS Nidhi Limited or it affects the business of company.
2. If the member doesn't deposit his/ her balance within 30 days of receipt of notice from the company.
3. If the member has not done a transaction of minimum Rs-10,000/-continuously in the past 2 Years.
4. If the Member has been sentenced by an authorized court for any criminal offence other than political reason.

Customer Sign./Thumb impression
Office Stamp & Signature
Signature of Authorized officer

Stamp &