



YOUR TRUST IS OUR ASSETS

Village: Dadapatti, Bhagwanpur, Distt. Haridwar (UK), Website:atpnidhi.com, Email: atpnidhi@gmail.com

Member ID

Date

Dear Sir/Madam,

I/We hereby apply to you for registration as a member of ATP Nidhi Limited, I enclosure here with a cash/cheque/DD bearing number
Payment-membership fee rates 100/-

DETAILS OF MEMBER:-

Member Name: _____

आवेदक का नाम

Father/Husband/Mother Name: _____

पिता / पति / माता का नाम

Address: _____

पता

Distt: _____ State _____ Pin _____

जिला _____ राज्य _____ पिन _____

Date of Birth _____ Gender _____ Male Female Other
जन्म तिथि _____ लिंग _____ पुरुष _____ महिला _____ अन्य _____

Aadhar No. _____ Mobile NO. _____

आधार नं० _____ मोबाइल नं० _____

PAN No. _____ Email: _____

पैन नं० _____ ई-मेल _____

Occupational Details: Service(सर्विस) Business(व्यापार) Agriculture(कृषि) Other(अन्य)

NOMINEE DETAILS:-

Name: _____

नाम

Relation _____ Age _____

रिश्ता _____ आयु _____

Declaration घोषणा

I have declared that this application is true & Correct and I read and understand this application in proper way. If in the event any part of this application is found to be false or incorrect. ATP Nidhi Limited has right to cancel my membership forthwith.
(मैं यह प्रमाणित करता हूँ/करती हूँ कि मेरे द्वारा दी गयी जानकारी एवं विवरण मेरे ज्ञान और विश्वास के अनुसार सही है। यह घोषणा करता हूँ/ करती हूँ कि आवेदन में सभी बातें सत्य और सही हैं।)

Date: _____

तिथि

Signature: _____

आवेदक के हस्ताक्षर

FOR OFFICE USE ONLY

Membership No. _____

Date with Stamp: _____

Signature of Authorised Person _____

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Member ID Certificate No. Date
Customer ID Receipt No.

I/We request you to open saving A/C in My/Our name in the Company. The rules and regulations of the Company related to above accounts which are in force now have been understand by me/us in my/our local languages. I/We agree to abide by and be bound by the companies' rules for the time being in force for such account.

Depositor Details (In Capital Letters)

Name
नाम

Father/Mother/Husband Name

पिता / माता / पति का नाम

Address

पता

Distt.

जिला

State

राज्य

Pin

पिन

Aadhar No.

आधार नं०

Mobile No.

मोबाइल नं०

PAN No.

पैन नं०

DOB

जन्म तिथि

Gender

लिंग

Male

पुरुष

Female

महिला

Other

अन्य

Particular of Deposit

Daily Deposit Plan (DDP)

Recurring Deposit Plan (RDP)

Fixed Deposit Plan (FDP)

Monthly Income Plan (MIP)

Amount (Rs.)

रकम

Amount In Words

रकम शब्दों में

Periods of Deposit

जमा का समय

(Mode For RD Case)

Monthly Quarterly Half Yearly Yearly

Joint Holder Details

Name

नाम

Relation

रिश्ता

Father/Mother/Husband Name

पिता / माता / पति का नाम

Address

पता

Distt

जिला

State

राज्य

Pin

पिन

M / F / O

DOB

जन्म तिथि

Mobile No.

मोबाइल नं०

Gender

लिंग



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Nominee's Details

Name	<input type="text"/>
नाम	<input type="text"/>
Relation	<input type="text"/>
रिश्ता	<input type="text"/>
Age	<input type="text"/>
आयु	<input type="text"/>

Declaration घोषणा

I have declared that the application is true and correct, and I read and understand this application in proper way. All the information given by Depositor is true to my Knowledge.
(मैं यह प्रमाणित करता हूँ / करती हूँ कि मेरे द्वारा दी गयी सभी जानकारी एवं विवरण मेरे ज्ञान और विश्वास के अनुसार सही है। यह घोषणा करता हूँ / करती हूँ कि आवेदन में सभी बातें सत्य और सही हैं।)

Name _____
नाम _____

Date _____
दिनांक _____

Signature Authorised Person

Signature of Depositor