



RAJDIR SAMARPAN FINANCE PVT. LTD.

CIN NO. : U64990UP2024PTC212689

Regd. Office :
Baraich, Awarai Kala
Ballia, Uttar Pradesh

Account Opening Form

Member No.

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Account No.

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BRANCH : _____

DATE : _____ / _____ / 2 0 2 _____

NAME OF SCHEME

PERIOD OF SCHEME

Please open an Account as per details given below with initial deposit of Rs. _____ /- (in words) _____
Payment Mode : Cheque / DD / Cash ---- Cheque / DD Detail :- Bank Name _____ Branch :- _____
Cheque / DD No. :- _____ Date :- _____ Amount :- _____

1st Applicant's Name :

2nd Applicant's Name :

Father's / Husband's Name :

Mobile No. :

E-mail :

Aadhar No. :

Pan No. :

Date of Birth :

Current Address :

District : _____ State : _____ Pincode : _____

Permanent Address :

District : _____ State : _____ Pincode : _____

1st Applicant's Signature

2nd Applicant's Signature

I certify that I have known Mr. / Mrs. / _____ for the last _____ months / Years and confirm his / her their name, occupation and address stated in his / her their application to open account.

Introducer Name

Introducer ID Number

Introducer's Signature

Nomination Form

I / We _____ hereby appoint the following person as nominee in respect of deposit A/C.

Nominee Name

Nominee DOB

Relation with Applicant

Nominee's Signature

Name of the guardian if the nominee is below 18 years of age

Mode of Operation

SELF ONLY		JOINTLY		EITHER or SURVIVOR		ANY OTHER	
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DECLARATION BY THE MEMBER DEPOSITOR (S)

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

Signature of 1st Depositor

Signature of 2nd Depositor

नियम एवं शर्तें – Terms & Conditions

- ❖ आय की राशि पर 5% TDS काटा जाएगा।
- ❖ योजना पूर्ण होने के 10 दिन बाद परिपक्वता भुगतान आवेदन स्वीकार किया जायेगा आवेदन स्वीकार तिथि से 10 दिन में भुगतान होगा।
- ❖ कम्पनी का केवल वही सदस्य योजना में भाग ले सकता है जिसके पास कम से कम 5 शेयर हों।
- ❖ परिपक्वता तिथि के बाद कोई ब्याज या कोई अन्य लाभ देय नहीं होगा।
- ❖ राजदीर समर्पण फाइनेन्स प्रा. लि. के पास ब्याज दर बदलने और योजना के नियमों तथा शर्तों में संशोधन करने का अधिकार सुरक्षित है।
- ❖ जमा राशि का समय से पहले भुगतान के मामले में जमाकर्ता को दिए गए उपहार के रुपये का मूल्य प्रतिवर्ष ब्याज (मासिक चक्रवृद्धि) की वसूल किया जायेगा।
- ❖ कन्यादान योजना के तहत राशि लड़की की शादी में कन्यादान के रूप में दी जाएगी।
- ❖ **5% TDS will be Deducted on Income Amount.**
- ❖ **Maturity application will be accepted 10 days after completion of the scheme. Payment will be made within 10 days of maturity application acceptance date.**
- ❖ **Only Member of the Company can Participate in plan who have 5 shares.**
- ❖ **No interest or any other benefit will be payable after the date of maturity.**
- ❖ **The RAJDIR SAMARPAN FINANCE PVT. LTD. Reserves the right to change the rate of interest and amend the terms and 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 the interest per annum (Monthly Compounded)**
- ❖ **Under the KANYADAAN YOJANA, the amount will be received as Kanyadaan at the Girl's Marriage.**

सदस्य जमाकर्ता अंगूलाधारक होने की स्थिति में घोषणा .. Declaration in case of Illiterate Member Depositor (S)

I..... Son / Daughter / Wife of Mr

Resident of.....

declare that I have read out and explained in Local Language the rules, terms & conditions of the scheme to the Depositor Mr. / Mrs. / MissSon/Daughter/ Wife of Mr.....

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मैं पुत्र / पुत्री / पत्नी श्री निवासी

..... घोषणा करता / करती हूँ की मेरे द्वारा जमाकर्ता श्री / श्रीमती / सुश्री

..... पुत्र / पुत्री / पत्नी श्रीको संबंधित योजना के नियम एवं शर्तें मेरे द्वारा पढ़कर सुना दिये गये हैं मैंने उन्हें स्थानीय भाषा में संबंधित नियम व शर्तें समझा दी है।

Witness Name	Witness Signature	Signature of 1st Declarant	Signature of 2nd Declarant
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FORM NO. 60

(See second provision to rule 114B)

1. Full Name of the declarant :-
2. Full address of the declarant :-
3. Particulars of the transaction :-
4. Amount of the transaction :-
5. Are you assessed to Tax ? YES / NO
6. (If Yes).....
 Details of ward / Circle / Range where the last return of income was filled?
- Reasons for not having permanent account number ?
7. Details of the documents being produced in support of address in column (2)

Date :-
Place :-
Signature of the declarant

FORM NO. 61

(See second provision to clause (a) of rule 114B (1))

1. Full Name of the declarant :-
2. Full address of the declarant :-
3. Particulars of the transaction :-
4. Details of the documents being produced in support of address in column (2) :-

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Date :-

Place :-

घोषणा कर्ता के हस्ताक्षर Signature of the declarant

VERIFICATION

I 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 :-

घोषणा कर्ता के हस्ताक्षर Signature of the declarant

Note :-

1. Member Applicant needs Two affix his / her photograph.
2. Attach self-attested photocopies of KYC documents, such as, address proof, identity proof and PAN card of member compulsorily.