

**RAJDIR SAMARPAN FINANCE PVT. LTD.**

CIN NO. : U64990UP2024PTC212689

Account Opening Form**EDUCATION SUPPORT ACCOUNT**Regd. Office :
Baraich, Awarai Kala
Ballia, Uttar Pradesh

Form No.		Receipt No.	
Member No.	KNM	BRANCH	
		CODE	RSF-
DATE		NAME OF SCHEME	EDUCATION SUPPORT
PERIOD		Account No.	

Please open an Account as per details given below with initial deposit of Rs. 1000.00

(Amount in words) ONE THOUSAND ONLY

Payment Mode : Cash ___ Cheque / DD Detail / UPI No. :- _____

Bank Name _____ Branch :- _____

Amount :- _____ Date : ___/___/202___

Applicant's Name :

Father's / Husband's Name :

Boy's Name :

DOB : ___/___/___ AGE : ___

Mobile No. :

E-Mail :

Current Address :

District :

State :

Pincode :

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

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

Nominee's Signature

नियम एवं शर्तें – Terms & Conditions

- ❖ 5% TDS will be Deducted on Income Amount.
- ❖ The RAJDIR SAMARPAN FINANCE PVT. LTD. Reserves the right to change the amend the terms and conditions of the scheme.
- ❖ Under the Education Support Plan, only the account of the advisor or the advisor's family can be opened.

APPLICANT'S SIGNATURE

Boy'S SIGNATURE

DECLARATION BY THE MEMBER DEPOSITOR (S)

I / Weare opening an account under EDUCATION SUPPORT 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.

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.....

APPLICANT'S SIGNATURE

Boy'S SIGNATURE

सदस्य जमाकर्ता अंगुठाधारक 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.

..... मैं पुत्र / पुत्री / पत्नी श्री..... निवासी..... घोषणा करता / करती हूँ की मेरे द्वारा जमाकर्ता श्री / श्रीमती / सुश्री पुत्र / पुत्री / पत्नी श्री को संबंधित योजना के नियम एवं शर्तों मेरे द्वारा पढ़कर सुना दिये गये हैं मैंने उन्हें स्थानीय भाषा में संबंधित नियम व शर्तें समझा दी हैं।

Witness Name

Witness Signature

Signature of 1st Declarant

	NAME	SIGNATURE	PHOTO
APPLICANT			
SON			

OFFICE USE

Received with thanks from

Sum of Rs.1000.00 (Rs. in word) ONE THOUSAND ONLY Under EDUCATION SUPPORT

Date ___/___/___ A/c No. : _____ Cash ___ Cheque / DD / UPI :- _____

Bank _____ Branch :- _____

Cheque / DD / UPI No. :- _____

Signature & Seal Branch