



RAJDIR SAMARPAN FINANCE PVT. LTD.

CIN NO. : U64990UP2024PTC212689

Account Opening Form

KANYA DAAN ACCOUNT

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

Form No.		Receipt No.	
Member No.	KNM	DATE	
BRANCH		NAME OF SCHEME	KANYA DAAN ACCOUNT
BR. CODE	RSF -	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 :

Gril'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	Nominee's Signature
Name of the guardian if the nominee is below 18 years of age			

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 KANYADAAN ACCOUNT the amount will be received as KANYADAAN at the girl's Marriage

APPLICANT'S SIGNATURE

GIRL'S SIGNATURE

DECLARATION BY THE MEMBER DEPOSITOR (S)

I / Weare opening an account under KANYDAAAN 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.....

1ST APPLICANT'S SIGNATURE

2ND APPLICANT'S SIGNATURE

सदस्य जमाकर्ता अंगूठाधारक 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 Signature of 2nd Declarant

	NAME	SIGNATURE	PHOTO
APPLICANT			
DAUGHTER			

OFFICE USE

Received with thanks from _____

Sum of Rs.1000.00 (Rs. in word) ONE THOUSAND ONLY Under KANYADAAN ACCOUNT Date

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

Bank _____ Branch :- _____

Cheque / DD / UPI No. :- _____

Signature & Seal Branch