

REG OFFICE: PINTO PLAZA,OPP ADARSHA HOSPITAL,APMC ROAD,PUTTUR, DK KARNATAKA-574201 CIN:U67100KA2014PLC076693 REGISTERED UNDER COMPANIES ACT 2013 ON 2<sup>ND</sup> OCTOBER 2014

# Application for Fixed deposit / Reccuring deposit/Nitya Nidhi (Pigmi)

I / we wish to place a deposit as mentioned bellow for Rs...... /- (amount in words) .....

And enclose a cheque/DD dated ...... Favouring Samartha Nidhi limited, drawn on ...... Branch .....

First applicants Name (In Block Letters)	Mr/Miss/Mrs/Minor
Father's / Husband's/Guardian's Name	Mr/Miss/Mrs
Address	
Phone / Mobile	
Email	
Date of Birth	Age

**KYC DOCUMENTS:** I enclose a copy of one of the documents for KYC compliance.

Passport Pan Card Aadhaar card Driving Licence Voters Identity card Image: Card Card Card Card Card Card Card Card				
ired 🔄 Housewife 🔄 Student 🔄 Salaried 🔄 Others				
ried				
Mr/Miss/Mrs/Minor				
Mr/Miss/Mrs				
Age				

KYC DOCUMENTS: I enclose a copy of one of the documents for KYC compliance.

Passport [ Gas Bill [ Pan Card Aadhaar card Ration card Electricity Bill

Driving Licence

Voters Identity card Nationalised Bank Pass Book

Occupation:
Self-employed Service Retired Housewife Student Salaried Others
Marital Status: Single Married
Category :
General Public Share Holder Director Promoters Relatives of Director
Status : Resident 🗌 Non Resident 🗍
Constitution : Individual HUF Partnership Proprietorship Public LTD   Privaet Ltd Trust Association
Pan No
Tax to be deducted Yes / No
Form 15 H/G Furnished Yes / No
Type of Deposit : Fixed Deposit Reccuring Deposit Nitya Nidhi (Pigmi)
Scheme: Cumilative Non cumilative
Term of Deposit : 12 Months 24 Months 36 Months 48 Months 60 Months
Interest Frequency for FD : Monthly Quarterly Half Yearly Yearly
Interest payment mode (FD), Interest to be my bank account
(First applicant's bank detail)
Bank Name
A/C No
Branch IFSC code

## **SENIOR CITIZEN DEPOSIT SCHEME DOCUMENTS:**

## **RECCURING DEPOSIT SCHEME:**

1 <sup>st</sup> Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Maturity
5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	65000
5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	135000
5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	210000
5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	290000
5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	5000	375000

Reccuring deposits will be accepted in multiples of Rs. 1,000/- subject to a minimum amount of Rs. 1,000/- per deposit.

#### **DEPOSIT SCHEME:**

Term(M		Non Cumulati	ve Deposits		Cum	ulative Dep	osits
onths)	Monthly %	Quaterly %	Half Yearly	Yearly %	Rate (p.a	Maturity	Effective
	p.a	p.a	% p.a	p.a	at Monthly	Value for	Yield %
					rests)	Rs.	p.a
						5,000/-	
12	10.00	10.25	10.50	11.00	10.00	5550.00	11.00
24	10.30	10.60	10.90	11.20	10.30	6150.00	11.50
36	10.50	10.75	11.00	11.50	10.50	6838.00	12.25
48	10.50	10.75	11.00	12.00	10.50	7550.00	12.75
60	10.50	10.75	11.00	12.50	10.50	8375.00	13.50

Non Cumulative / Cumulative deposits will be accepted in multiples of Rs. 1,000/- subject to a minimum amount of Rs. 5,000/- per deposit for cumulative / non cumulative deposits.

Senior Citizen wll get an additional rate of 0.50% per annum (Completed age 60 years on the date of deposit.)

DECLARATION: I/We have read and understood the terms and conditions of the company governing this deposit scheme as also the prevailing interest rates for deposits and accept that they are binding on me/us. We declare that the first named depositor is the beneficial owner of this joint deposit and is to be treated as payee for the purpose of section 194A of the Income Tax Act 1961.

VERIFICATION: I/We have gone through the financials and other statements/particulars/representation furnished/made by the company adnd other careful consideration, I/We am/are making the deposit with the company at my / our own risk and volition.

SIGNATURE

First Applicant

Second Applicant

**NOMINEE DETAILS** (Must be signed by all the depositors[s])(Enclose Nominee ID proof)

I/We nominate the following person to whom in the event of my / our/minor's death the amount of this deposit may be returned by Samartha Nidhi Limited

Nominee Name(In Block Letters)	Mr/Miss/Mrs/Minor
Relationship with depositer	
Address	
Phone / Mobile	
Email	
Date of Birth	Age

Dri

#### **Nominee ID Proof documents :**

Pan

Pass	port
Gas	Bill

Pan Ca	ra	
Ration	card	

Aadhaar card Electricity Bill

Driving	Licence
Phone E	Bill [

Voters Identity card Nationalised Bank Pass Book As the Nominee is minor on this date, I/We appoint (Name,address & age)\_\_\_\_\_\_\_to receive the amount of the deposit on behalf of the Nominee in the event of my/our/minor's death during the minority of the nominee.\* Leave out if nominee is not a minor. Where deposits are made in the name of minor, the nomination should be signed y a person lawfully entitled to act on behalf of the minor.

Signature of Nominee .....

Particulars required to be specified as per the provisions of Non Banking Financial Companies acceptance of Public deposits (Reserve Bank) Directions, 1998 and Non Banking Financial Companies & miscellaneous Non Banking Financial companies (Advertisement) Rules, 1977 are given bellow:

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Name of the Company	SAMARTHA NIDHI LIMITED
Date o incorporation of the Company	2 <sup>nd</sup> October 2014
Business Carried on by the Company and Its	Hypothecation loans of vehicles ,Gold
Subsidiaries with details of Branches	Ioans, Personalloans, Mortagge Ioans. No Subsidiary
	Company

The Company hereby declares that:

- (i) The company has complied with the applicable provisions of the directions;
- (ii) The company with the directions does not imply that repayment of deposits is guaranteed by Reserve Bank of India; and
- (iii) The Deposits accepted by the company are unsecured and risks are persue with other unsecured liabilities.

Place: Puttur Date : By order of the Board For SAMARTHA NIDHI LIMITED

Issued under the authority of and in the name of Board of Directors of the company who have by Resolution dated 06.10.2014 approved the above text.

Address for Correspondence:	
M/s: SAMARTHA NIDHI LIMITED Pinto Plaza, Opp Adarsha Hospital, APMC Road,Puttur-574201, Karnataka State Contact: <b>9448285151 NAVEEN KUMAR K</b> www.samarthanidhi.com	Please draw the Cheque/DD in favour of : SAMARTHA NIDHI LIMITED.

Note: Cheques and Drafts are subject to realization.