



MSO : # 46-9-39/4, Bypass Road, Danavaipeta, Old City Hospital Jn, Rajahmundry - 533101, A.P.

Regd. Office : #201, Sai Nivas, Padmavathi Nagar, Simhapuri Layout, Vishakhapatnam - 530047 (A.P)

To
The Chairman / CEO
CITO Nidhi Limited, MSO Rajahmundry

FIXED DEPOSIT FORM

Date :
Source Code :
Date of Birth :

Request you to accept and book deposit as per below details.

Customer Name(s) :

Account No : Mobile Number :

Permanent Account Number (PAN) Form 60/61

Joint Applicant 1 : Mr. Mrs. Ms. Dr.

Joint Applicant 2 : Mr. Mrs. Ms. Dr.

Mode of Operation

Self Either or Survivor Former or Survivor Jointly Guardian Anyone or Survivor

Fixed / MIS / Recurring / Kubera Nidhi Deposit Details

Type of Deposit Monthly Interest Payout Simple Interest (For Deposit upto 179 days) MIS Deposit
 Quarterly Interest Payout Quarterly Compounded / CITO-400 Days Kubera Nidhi Deposit
 Half Yearly Interest Payout RD / RD Plus / Swarna Lakshadhikari Nidhi Double Deposit Bond

Amount of Deposit Please issue Fixed Deposit in the name(s) of
by Cash / Debit to Account No. : Amount Rs.
(Rs. _____ only)

Deposit Period Days Months Years
Senior Citizen Yes No Interest Rate % per annum

Interest Payment Instructions Transfer to CITO Nidhi Account No. : Through NEFT
 Issue Demand Draft Payable at

Maturity Instructions Auto Renew Principal and Interest Auto Renew Principal and Pay Interest Repay Principal and Interest

Payment Instructions (upon closure) Transfer to CITO Nidhi Account No. : Through NEFT
 Issue Demand Draft Payable at

Bond will be handed over across the counter or will be sent at your registered address with CITO Nidhi

Member Signature

CITO NIDHI LIMITED

Acknowledgement to Deposit holder

We acknowledge the receipt of Fixed/MIS/Recurring/Kubera Nidhi Deposit Application of

on _____ for Rs. _____
Interest rate per annum % Period days months years

Name of the MSO official Emp Code :

Signature of Official

Instructions for payment of interest & maturity proceeds through NEFT / RTGS

Applicant Name : _____

Bank Name: _____ Branch Name: _____

Account Number: _____ IFS Code: _____

Accepted terms and conditions for payment of interest and maturity proceeds through NEFT / RTGS:

Nomination Details (Form DA 1)

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

Nominee Name : _____

Address : _____

Relationship with Applicant _____ Age: _____ Years Date of Birth: _____

*As the nominee is a minor on this date, I / we appoint (Name & Address) _____

as guardian to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our death during the minority of the nominee.

I / We do hereby declare that what is stated above is true to the best of my / our knowledge and belief

Witness(s):

Signature(s) / Thumb Impression(s) of member(s)

Name : _____

Name : _____

Signature : _____

Signature : _____

Address : _____

Address : _____

Place : _____ Date : _____

Place : _____ Date : _____

Terms & Conditions:-

It is mandatory to be a member in the company. Minimum FD would be of Rs.5000/- and further in multiples of Rs.1000/-.
Based on the FD scheme the Interest calculation would be on Quarterly or Half-Yearly compound. TDS will be applicable as per provisions and Income tax Act.
Loan against deposits will be available after three months & up to 85% of FD value with 2% additional interest rate.
FD will not be allowed for premature closure within first 3 months, If allowed no interest will be paid.
Only Savings interest will be paid, If FD is closed between 3 to 6 months and a penalty of 2% will be levied on the contract rate for the particular period the deposit had run.
I / We have read and understood the general terms and conditions of Nidhi Company . I / We accept and agree to be bound by the said terms and conditions including those excluding / limiting your liability.
I/We, the joint holder(s), agree that in case of death of any or more of the joint depositor(s), the proceeds may be paid to the survivor(s), on request before due date (subject to penal provision for premature payment as may be stipulated from time to time) as per mode of operations indicated above.
Member's Age should be 18 Yrs and Above. He/She should be resident Indian only. He/She must not be accused of any criminal activity in the court of Law.
Incase of any dispute settlement the jurisdiction will be at the Vishakhapatnam / Rajahmundry, AP Only.

Customer's Signature

Signature of Joint Applicant 1

Signature of Joint Applicant 2

For Office Use Only

ACCEPTANCE / APPROVAL

After due verification, the Board of Directors of CITO Nidhi Limited have approved the new membership of above member vide Membership No:.....On Date:.....

Authorized Signatory

Managing Director / CEO