



Cito Nidhi limited
(Quasi-Banking MBC)

సిటో నిధి లిమిటెడ్
(Quasi-Banking MBC)

(Quasi-Banking Mutual Benefit Company Registered and Licenced by MCA, Govt. Of India under Companies Act' 1956 with RBI Nidhi Rules & Regulations)

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)

Date :

MEMBERSHIP FORM

To
The Chairman / CEO
CITO Nidhi Limited
MSO Rajahmundry

Photo
with
Sign
across

I hereby subscribing for the Membership with CITO Nidhi Limited (a Quasi-Banking MBC) and would request you to allot me the membership number. I agree to pay for number of sharesof Rs.10/- Per each share with total value of Rs...../- along with this membership form. I accept all the rules, sub-rules, regulations and subsequent changes, modification, amendments made by the Nidhi Company from time to time and will abide by all the rules & regulations of Nidhi Company.

Name:

Father/Husband Name:

Mother Maiden Name: DOB:

Present Address:

 Pin Code:

Phone / Mobile No: Email Id:

Permanent Address:

 Pin Code:

PAN No: Aadhar / Voter Id / Others :

Occupation: Salaried / Self Employed/ Self Employed Professional / Agriculture/ House Wife/Others

Income : Rs.

Sourcing Employee Name:.....Emp Code :

Member Signature

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 : _____

Signature : _____

Address : _____

Place : _____ Date : _____

Name : _____

Signature : _____

Address : _____

Place : _____ Date : _____

DECLARATION

I hereby abide by all the rules and regulations pertains to CITO Nidhi Limited from time to time. I hereby agree and accept the rules and regulations in allotment of CITO Nidhi company Shares and I am aware of that I'm being allotted minimumNo. of shares with face value of Rs.10/- per Share with total value of Rs...../-.

I hereby confirm that all the particulars relating to my name, address and other information provided on this membership form are true and the submitted proofs (KYC documents) are genuine and photo copies taken from genuine documents of original id & address proof documents. I read, understood the nomination rules of CITO Nidhi Company and hereby agree and accept the same. I hereby declare that the particulars given above are true to the best of my knowledge and belief. I will be held liable for misrepresentation of the information provided on this form and will bear all damages caused to CITO Nidhi Limited due to misrepresentation of the facts.

Member Signature

RULES

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.

.....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