ROYAL INDIA MICRO BENEFIT FOUNDATION

12/56, KELA COLONY LODHI BHAWAN, DHOLPUR
RAJASTHAN INDIA 328001
CIN : U85300RJ2019NPL066302

SCHEME FORM FOR MEMBERS ONLY

Date

Sr. No.:

Membership ID

Branch Center | Branch Code

Mr. / Miss. / Mrs.

S/o. / D/o. / W/o.

Plan	FD ☐	RD ☐	DD ☐	MIS ☐	Application Fee		Investment Amount	
Plan Name		Duration in Month			Maturity Date		Maturity Amount	

Member Signature

I submit my application form to be an associate member of "OMIOS INDIA NIDHI LIMITED" with the Membership fee of Rs. 10/100 after acceptance of my membership I will abide by all the existing rules, regulation, sub-rules any amendment modification or done by the company from time to time,. I solemnly declare that I am not a member of any other company similar in nature of "OMIOS INDIA NIDHI LIMITED". However all information provided by me in the application form is true and correct to the best of my knowledge.

My Detail as Below :

DOB / AGE	Gender	Marital Status	Educational Qualification (attach certificates)	Religion	Catagory
	Male ☐	Married ☐	Below Matric ☐	Graduate / P.G. ☐	Hindu ☐	Sikh ☐	Jain ☐	BC ☐	SC ☐
Age (Attach Birth Certificate)	Female ☐	Unmarried ☐	Matric / 10+2 ☐	Professional ☐	Muslim ☐	Christian ☐	Other ☐	ST ☐	General ☐

Please fill in Appropriate Block

Occupation	☐	Service	☐	Business	☐	Farming	☐	Professional	☐	Housewife	☐	Student	☐	Other	☐
Domicile (Attach Photo Copy)	☐	Adhar Card	☐	Voter I.D.	☐	Electricity Bill	☐	Telephone Bill	☐	Education	☐	Ration Card	☐	Other	☐
Identity Card (Attach Photo Copy)	☐	Identity Card	☐	Voter I.D.	☐	PAN Card	☐	Pass Port	☐	Driving Licence	☐	Other	☐		☐

Permanent Address

Taluka | District | State

Pin Code | E-mail ID | Mo. No. | PAN No.:

Status of the Depositor

Tax to be deducted
☐ Yes ☐ No ☐ Not Applicable
☐ Tax not to be deducted
Form 15G/15H Enclosed

☐ Share Holder | Share No. | Date

Repayment of Deposit to be made payment to: ☐ First depositor ☐ Any one or Supervisor
☐ Either or Survivor ☐ Jointly ☐ Former of Survivor Share Value: Share Purchase:

Nominee : Mr. / Mrs. / Ms. _____ Last Name

Relationship :_____ Age :

Details of witnes / Proof

If witness is a member of OMIOS INDIA NIDHI LIMITED., Then mention membership Number			
Mr. / Mrs. / Miss			
Correspondence Address			
	District	State	
Pin Code	Mobile No.		

Associate Code

Associate Name

Associate Sign.

ONLY FOR OFFICE USE

After review by the Divisional Manager / Membership Committee / Authorized Officer of the OMIOS INDIA NIDHI LIMITED., the above application is Accpeted / Rejected.

Office Stamp & Signature of Authorised Officer

Attachments :
1. Three New Colour Photograph
2. Domicile
3. Educational Certificate
4. Birth Certificate
5. Self Attested Photocopy of PAN Card

Date

Receipt No. of Membership Fee

Allocation Membership Number