

Master Urban Nidi

Registered Office: 1173 Sadashiv Peth, 5 Ashirwad Apartment, Limayewadi, Pune 411030.

Phone: 020-41068999 | support@munidhi.com | www.munidhi.com

CIN: U65100PN2021PLN204682

APPLICATION FOR MEMBERSHIP

Date: Membership No:						
To,	РНОТО					
The Director	SIGNATURE					
Master Urban Nidhi Limited, Pune.						
I, Shri/Smt./Miss opt to be						
member in "Master Urban Nidhi Limited" and my detailed particulars are as follows.						
PERSONAL INFORMATION						
Name:						
Father's/Husband's Name:						
Mother's Maiden Name:						
Present Address:						
City: State: PIN code:						
Permanent Address:						
City: Pin Code:						
Date of Birth: Sex: Male Female Age:						
PAN NO: Nationality:						
Email id: Aadhar No:						
Occupation: Salaried Self Employed Self Employed Prof. Retired Homemaker Politician Student Others						
Bank's Name: Branch:						
A/C No: IFSC Code:						
DECLARATION						
I hereby declare that I voluntarily opt to be a member in Master Urban Nidhi Limited & shall abide by the existing rules and regulation of the company and also the amendments as may take place from time to time.						
Place:	nature Of The Member					
Jig	iatare of the Member					

MEMBERSHIP BENEFIT

- 1. A person is to be a member once in the company during his life period.
- 2. A person has to affix his/her passport size photograph on Membership Application Form.
- 3. A person has to attach latest copy of address & identity proof with Membership Application Form.
- 4. The membership fee is **Rs.500/-** for Saving/Recurring Deposit Account holders and Fixed Deposit holders.
- 5. Minors cannot become member of the company.
- 6. The lunatics are also not eligible for membership in the company.
- 7. A member can open Savings/Recurring/Fixed Deposit account in the company.
- 8. Loan only will be granted to the members.
- 9. A member can avail loan on KVP/NSC/RD/FD/Govt. Bonds/Gold/Property from the company.
- 10. At the time of maturity, the amount shall be credited to your designated account by RTGS/NEFT.

FOR OFFICE USE ONLY

I, Sir		de	esignation	
with Employee Coderelevant documents of the M			• • •	•
Rsvide receip Applicant signed in my Prese	t noon o			
			Cashier / Office	Assistant Signature
I physically verified the rele	vant document and allowed	Membership Num	ber:	
To Mr/Mrs/Miss			On	
Branch Manager				