



MEMBERSHIP APPLICATION FORM

Customer Care :- +91 18002124524 , Email :- support@ujjwaldeepbanking.com , Visit us at :- ujjwaldeepbanking.com

BRANCH NAME & CODE \_\_\_\_\_

MEMBER NUMBER

PERSONAL DETAILS : (Please fill in BLOCK Letter)

NAME

ADDRESS

PIN  DOB

PHONE : (M)  PAN NO

AADHAR CARD NUMBER

INTEREST ON INVESTMENT:

FIXED DEPOSIT 1 YEAR ☐ / 3 YEARS ☐ / 5 YEARS ☐ / 7 YEARS ☐

RECURRING DEPOSIT:  DAILY DEPOSIT :

SAVINGS DEPOSIT:

ADVISOR NAME \_\_\_\_\_:

MOBILE NUMBER :  ADVISOR CODE:

TERMS & CONDITIONS :

1. FD, RD,DD, LOAN, SAVINGS Amount should be deposited at a time.
3. At the Maturity time, original certificate must be submitted by the Depositor.
4. Nomination is mandatory for every Deposit Fund.
5. Deposit only accepted by CASH, ONLINE, NEFT / RTGS.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Applicant Signature  
(Parent/Guardian's Sign for below 18 years candidate)

DATE: \_\_\_\_\_

UJJWAL DEEP INDIA NIDHI LIMITED

No:..... ACKNOWLEDGMENT TO MEMBER DATE: \_\_\_\_\_

We acknowledge the receipt of Membership Form

Of  (Customer Name)

MEMBER NUMBER  On

\_\_\_\_\_  
Applicant Signature  
(Parent/Guardian's Sign for below 18 years candidate)

\_\_\_\_\_  
Signature of Branch Manager