



# OMIOS INDIA NIDHI LIMITED

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

CIN : U67100RJ2018PLC060789

## 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 <input type="checkbox"/>	RD <input type="checkbox"/>	DD <input type="checkbox"/>	MIS <input type="checkbox"/>	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			Category	
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Tax not to be deducted Form 15G/15H Enclosed	<input type="checkbox"/> Share Holder Repayment of Deposit to be made payment to: <input type="checkbox"/> First depositor <input type="checkbox"/> Any one or Supervisor <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Former of Survivor	Share No. <input type="text"/> Date <input type="text"/> Share Value: <input type="text"/> Share Purchase: <input type="text"/>
Nominee : Mr. / Mrs. / Ms. _____		Last Name _____
Relationship : _____		Age : _____

### Details of witness / 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 Sign.

Associate Name

ONLY FOR OFFICE USE

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

Office Stamp & Signature of Authorised Officer

Attachments :	Date
1. Three New Colour Photograph	Receipt No. of Membership Fee
2. Domicile	Allocation Membership Number
3. Educational Certificate	
4. Birth Certificate	
5. Self Attested Photocopy of PAN Card	