



OMIOS INDIA NIDHI LIMITED

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

CIN : U67100RJ2018PLC060789

A Company Registered 2018 & 2019 rules respectively, working on the lines of Nidhi Company.

MEMBERSHIP APPLICATION FORM

Date

Sr. No.:

Membership ID

Branch Centre Branch Code

Mr. / Miss. / Mrs.

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

Member Photo

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.

Member Signature

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"/> Share Holder	Share No. <input type="text"/>	Date <input type="text"/>
<input type="checkbox"/> Tax not to be deducted Form 15G/15H Enclosed	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 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 : 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