

KPB Nidhi Ltd.

Form No.: F2

(Erstwhile "Kerala Permanent Benefit Fund Limited")

Phone: 0484-2922000, 2922060

APPLICATION FORM FOR DEPOSIT Branch:

(PLEASE USE BLOCK LETTERS WHILE FILLING THE FORM)	nuperio ezzona
DEPOSIT SCHEME CHOSEN I/WE SEND HEREWITH RS.	m bns
Please tick appropriate box PERIOD OF DEPOSIT CASH CHEQUE NO. C	accept
6 TO 60 MONTHS NAME & PLACE OF THE BANK	Lonetol
NAME OF SOLE/FIRST APPLICANT: MR./MRS./MISS	
TYPE OF DEPOSIT SD SSD	noon i
ADDRESS (Please do not write the 'Name' again)	TI HUW
eni al teat excludi. Rs SQ 10A Ho vevit ti bit to be tis. Notifica on o this company year the second of the company second of the company to	il a li
CATEGORY SHARE HOLDER	f mis
DIRECTOR PIN:	nies
FOLIO NO./ACCOUNT NO. DATE OF BIRTH	THE PT
NAME OF SECOND APPLICANT: MR./MRS./MISS-	at the
TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	E pos
RATE OF INTEREST NAME OF NOMINEE (Nomination in the prescribed form to be furnished)	POLICE
RELATIONSHIP WITH THE APPLICANT:	admun
PAYABLE Either/Any one or INCOME TAX PARTICILI ARE	
TO Survivor Declaration	nonitod
Former or Survivor New Deposit P.A.N/G.I.R. No P.A.N/G.I.R. No P.A.N/G.I.R. No P.A.N/G.I.R. No P.A.N/G.I.R. No	me/us
THIS IS FOR Renewal	dia and
OLD F.D.R./C.C.R. NO	sodan.
EXISTING NO. FORM 15 G/H ATTACHED YES NO treated as the payee for the purpose of deduction under Section 194 A of the Income tax Act, 1961. I/W	of tax
YES. TAX TO BE DEDUCTED YES N.A. NO read and agree to abide by the attached term	ns and
B)	rue and
INTEREST Half yearly SD A/C NO. AND NAME AND ADDRESS OF BANK Quarterly SD A/C NO. AND NAME AND ADDRESS OF BANK	
Bi-monthly Monthly Monthly	
ay on which the Company's Office remains closed, the paymant and on which the Company's Office remains closed, the paymant and the next work that have been shown as a solution of the next work that have been shown as a solutio	
Luce withdrawal of deposit will be permitted upon such terms of the Registered Office of the Company will be permitted upon such terms of the Company may determine from time to the company may determine from time to the company may determine from time to the company may determine the company may determi	
PAYMENT Account Accoun	
VERIFICATION: I/Wr have gone through the financial and other declarations furnished by the Company and after careful consideration I/We am/are making the	ne deposit
with the Company at my/our own risk and volition. 8 look Block Blo	
nosit shall be repaid before the expiry of three months from the Board of Directors are responsible for corrections and veracity thereof.	
Sole/1st Applicant	
Termienco tenditali entro teasenbasi remuando taves to etase For Office Use only	Por on
Date of Receipt of Application:	
Date of Receipt of Application : Deposit / Account No. : Deposit / Address :	
Date of Receipt of Application:	