



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)

DEPOSIT SCHEME CHOSEN Please tick appropriate box		I/WE SEND HERewith RS.	
PERIOD OF DEPOSIT 6 TO 60 MONTHS <input type="text"/>		<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE NO. <input type="checkbox"/> DD NO.	
TYPE OF DEPOSIT <input type="checkbox"/> SD <input type="checkbox"/> SSD <input type="checkbox"/> FD <input type="checkbox"/> CC <input type="checkbox"/> RD <input type="checkbox"/>		NAME & PLACE OF THE BANK	
CATEGORY <input type="checkbox"/> SHARE HOLDER <input type="checkbox"/> DIRECTOR		NAME OF SOLE/FIRST APPLICANT: MR./MRS./MISS	
FOLIO NO./ACCOUNT NO.		ADDRESS (Please do not write the 'Name' again)	
RATE OF INTEREST		PIN:	
DATE OF BIRTH		TEL :	
NAME OF SECOND APPLICANT: MR./MRS./MISS-		NAME OF NOMINEE (Nomination in the prescribed form to be furnished)	
RELATIONSHIP WITH THE APPLICANT :		INCOME TAX PARTICULARS	
P.A.N/G.I.R. No		Declaration	
FORM 15 G/H ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		I/We hereby declare that the amount being deposited here with is not out of any funds acquired by me/us borrowing or accepting deposits from any other person.	
TAX TO BE DEDUCTED <input type="checkbox"/> YES <input type="checkbox"/> N.A. <input type="checkbox"/> NO		I/We declare that I/We are resident(s) in India and am/are not depositing this amount as nominee(s) of any non-resident.	
SD A/C NO. AND NAME AND ADDRESS OF BANK		I/We declare that the first named depositor should be treated as the payee for the purpose of deduction of tax under Section 194 A of the Income tax Act, 1961. I/We have read and agree to abide by the attached terms and conditions governing the deposit.	
I/We declare what is stated in the application is true and correct, in case of cash deposits only.		Place.....	
Date.....		Signature of Applicant(s)	
VERIFICATION : I/We have gone through the financial and other declarations furnished by the Company and after careful consideration I/We am/are making the deposit with the Company at my/our own risk and volition.			
Sole/1st Applicant..... 2nd Applicant..... 3rd Applicant.....			
For Office Use only			
Date of Receipt of Application :		Depositor Introduced by :	
Deposit / Account No. :		Address :	
Date of Maturity :		Settlement Date :	
Manager		Account No. :	