



# Sufala

## Mutual Benefit Nidhi Ltd.

*Small Bank (Member's only)*

CIN: U65990UP2018PLC109348

**Regd. Office:** C14/175-51K, Amar Nagar Colony,  
Sonia Road, Sigra, Varanasi (UP) -221010

**Website:** www.sufalanidhi.com

**Email:** sufalambnl@gmail.com

**Member Care:** +91-9026194649

### MEMBERSHIP APPLICATION FORM

(To be filled by the Applicant, Use Block Letter/Tick where applicable)

Date: \_\_\_\_\_

To,  
The Director  
Sufala Mutual Benefit Nidhi Limited

Affix  
Self-attested  
Passport Size  
Photograph

I, Shri/Smt./Miss ..... opt to be  
member in Sufala Mutual Benefit Nidhi Limited and my detailed particulars are as following:

Full Name: .....

Father's/Husband's Name: .....

Mother's Maiden Name: ..... D.o.B.: ..... Sex: ☐ Male ☐ Female

Present Address: .....

District: ..... State: ..... Pin Code: .....

Permanent Address: .....

District: ..... State: ..... Pin Code: .....

Aadhaar No.: ..... PAN No.: ..... Mob. No.: .....

Email: ..... Nationality: .....

**Occupation:** ☐ Salaried ☐ Self Employed ☐ Self Employed Prof. ☐ Retired ☐ Homemaker ☐ Politician

☐ Student ☐ Others, please specify .....

If salaried, employed with: ☐ Private Sector ☐ Public Sector ☐ Government ☐ Multi National Company

**Gross Annual Income in INR:** ☐ <50,000 ☐ 50K-1Lac ☐ 1Lac-3Lac ☐ 3Lac-5Lac ☐ 5Lac-10Lac ☐ >10Lac

**Residence Type:** ☐ Owned ☐ Rented/Leased ☐ Ancestral/Family ☐ Company Provided

I have attached latest copy of following as Proof of Identity:

☐ Passport ☐ PAN Card ☐ Voter ID Card ☐ Driving License ☐ Aadhaar Card

I have attached latest copy of following as Proof of Address:

☐ Passport ☐ Bank Account Statement ☐ Telephone/Electricity Bill ☐ Driving License ☐ Aadhaar Card

### DECLARATION BY APPLICANT

I hereby declare that I voluntarily opt to be a member in Sufala Mutual Benefit Nidhi Limited & shall abide by the existing rules & regulations of the company & also the amendments as may take place from time to time.

Place: .....

Date: .....

.....  
Signature / Thumb Impression of Applicant

## DECLARATION IN CASE OF APPLICANT IS THUMB HOLDER

I ..... S/O, D/O, W/O Mr. ....  
resident of ..... declare  
that I have read out and explained the rules, regulations, terms and conditions of membership in detail to the applicant  
Shri/Smt./Miss ..... S/O, D/O, W/O Mr. ....  
in local languages.

.....  
Signature of Declarant

## FOR OFFICE USE ONLY

I, Shri/Smt./Miss ..... designation .....  
with Employee/Advisor Code ..... of ..... Branch has physically verified all the  
particulars & relevant documents of the Membership Application of Shri/Smt./Miss  
..... and Received Rs. .... vide receipt no.....on date  
..... towards the membership fee.

Applicant signed in my Presence.

Allotted Membership Number: .....

.....  
Employee/Advisor Signature

.....  
Cashier / Office Assistant Signature

.....  
CPU Stamp with Date

## TERMS & CONDITIONS

1. A person will become lifetime member once enrolled.
2. A person has to attach Duly filled Share Application Form with Membership Application Form.
3. A person has to affix his/her passport size photograph on Membership Application Form.
4. A person has to attach latest copy of address & identity proof with Membership Application Form.
5. The membership fee is Rs.100/- for Saving/Recurring Deposit Account holders and Rs.100/- for Fixed Deposit holders.
6. Minors cannot become member of the company.
7. The lunatics are also not eligible for membership in the company.
8. A member can open Savings/Recurring/Fixed Deposit account in the company.
9. Loan only will be granted to the members.
10. A member can avail loan on KVP/NSC/RD/FD/Govt. Bonds/Gold/Property from the company.
11. At the time of maturity, the specimen signature of the member will be tallied.
12. All disputes shall be governed by laws of India and shall be subject to exclusive jurisdiction of the courts at Varanasi, Uttar Pradesh.

.....  
Signature of Applicant