

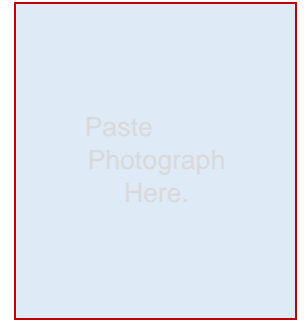


LAMJINGBA NIDHI LIMITED
TRANSFORMING BANKING

LAMJINGBA NIDHI LIMITED

Nagamapal, RIMS Road, Near Nityananda Temple, Imphal West, Manipur – 795001.
CIN: U65990MN2018PLC013741

Membership / A/c Opening Form



Date

Membership ID

Important Notes

*]Please fill the form in CAPITAL letters only.
*]Please use BLACK ink to fill the form.

Form Number	<input type="text"/>
Source Code	<input type="text"/>

Proposed Member's Details

Full Name

S/o / D/o /
W /o / H/o
(*Full Name)

Date of Birth Age

Full Address

PO PS

City State

Pin Code Contact No.1

Gender M F Contact No.2

Email Address

Aadhaar Number PAN No.

Occupational Details	Present Occupation/Designation	<input type="text"/>
	Organization/Registered Office Address with PIN Code	<input type="text"/>
	Annual Income (INR)	<input type="text"/>

Nominee's Details

Full Name																														
Full Address																														
Age				Relationship to the Member																										
					Contact Number																									

Declaration

*]To be filled by the Proposed Member.

I submit my application form to be an associate member of **Lamjingba Nidhi Limited**. I will abide by all the existing rules, regulations, sub-rules, any amendment or modification done by the company from time to time. All information provided by me in the application form is true and correct to the best of my knowledge.

Date	Signature
Place	

Witness Details

Full Name																														
Full Address																														
Contact No.																														

Date	Place	Signature of Witness

Only for Office Use

After review by the Authorized Officer of the **Lamjingba Nidhi Limited**, the above application is Accepted / Rejected.

Attachments: 1. Two (2) recent passport sized photographs. 2. Self-attested photocopy of Aadhar Card. 3. PAN Card.	Date: 	Office Stamp & Signature of Authorized Officer
	Receipt No. of membership fee 	
	Allocation membership no. 	