

IDSPAY

MEMBERSHIP APPLICATION FORM
Customer Care :- +91 8603693666

Email :- info@loansoftware.in, Visit us at :- loansoftware.in

BRANCH NAM	IE & CODE			
MEMBER NUMBER				Affix
PERSONAL DETAILS : (Pleas	se fill in BLOCK Lett	er)		Passport
NAME				Photo
ADDRESS				here
PIN	DOB	D D M M	YYYY	Gender M F
PHONE: (M)		PAN NO		
AADHAR CARD NUMBER				
INTEREST ON INVESTME	NT:			
FIXED I	DEPOSIT 1 YEAR	R / 3 YFARS	7 5 YEARS 7	7 YEARS
FIXED DEPOSIT 1 YEAR / 3 YEARS / 5 YEARS / 7 YEARS RECURRING DEPOSIT: DAILY DEPOSIT:				
SAVING	S DEPOSIT:			
ADVISOR NAME				:
MOBILE NUMBER : ADVISOR CODE:				
TERMS & CONDITIONS :				
1. FD, RD,DD, LOAN, SAVI	NGS Amount sho	uld be deposited at	a time.	
3. At the Maturity time, original certificate must be submitted by the Depositor.				
4. Nomination is mandatory for every Deposit Fund.				
5. Deposit only accepted by CASH, ONLINE, NEFT / RTGS.				
Official Signature				cant Signature
DATE:			(Parent/Guardian's Signature)	n for below 18 years candidate)
	ID	SPAY		
No:		GMENT TO MEN	MBER DATE	D:
We acknowledge the receipt of	Membership Form	n		
Of				(Customer Name)
MEMBER NUMBER			On D D M	M Y Y Y