



# LAKHIMI

**SANCHAY AND RINDAN S.S. LTD.**  
**DHEMAJI, ASSAM, PIN-787057**

UNDER GOVT. OF ASSAM REGD. NO. DJ-270 (B), ACT-1949(1 OF 1950)

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Form No.

Date

Branch :  Share Number  Membership ID No.(For office use )   
Branch No.

## DEPOSIT ACCOUNT OPENING FORM (INDIVIDUAL)

Account No :  Type of Deposit :  (CS/DS/MS/FD/SS)

☐ Co-op : Savings Account.

☐ Super Savings Account

EMD Rs. ....

☐ Daily Savings Account.

☐ Fixed Deposit Account

Mode of Deposit : .....

☐ Monthly Savings Account.

☐ Home Savings Account

(Daily/Monthly/Quarterly/Half-yearly/Yearly)

With initial Deposit by Cash /  
Cheque / AC Transfer/ NEFT

Rs.  Rupees

PERIOD (In case of Term Deposit Scheme)  Day/s  Month/s  Year/s  Rol

OPENING DATE

MATURED DATE

## MODE OF OPERATIONS

Account will be operate by & balance payable to :

☐ Self

☐ Either or Survivor

☐ Jointly

☐ Any One

☐ Others Modes

Interest Payment Instructions

☐ Bankers Cheque to the mailing address

☐ Transfer to Coop :

Payment of Maturity

Through

☐ Cash

☐ Cheque

☐ RTGS/NEFT

Statement of Account

☐ Monthly

☐ Quarterly

☐ Half-yearly

☐ Yearly

Service Requirement

☐ Mobile Banking Service ☐ Door Step Collection Service

☐ SMS Alerts Service

Signature of Applicant (1)

Lastest Passport  
Photograph

Signature of Applicant (2)

Lastest Passport  
Photograph

## APPLICANT DETAILS :

1<sup>st</sup> Holder Name *First Name*  *Middle Name*  *Surname/Last Name*

Address :

Parent Name  PIN

Date of Birth  Occupation  Gender

Tel. No.  PAN Number  Caste



2<sup>nd</sup> Holder Name

First Name

Middle Name

Surname/Last Name

Address :

Parent Name

PIN

Date of Birth

Occupation

Gender

Tel. No.

PAN Number

Caste

## ACCOUNT OPENED UNDER GUARDIANSHIP(MINOR) POWER OF ATTORNEY/OTHER LEGAL REPRESENTATION

Name of Guardian/Power of attorney Holder-Guardian :

First Name

Middle Name

Surname/Last Name

Parent Name

Date of Birth

Occupation

Gender

Tel. No.

PAN Number

Caste

Relationship with minor : ☐ Father☐ Mother☐ Court Appointed☐ Others

## DECLARATION BY GUARDIAN :

I hereby declare that the date of birth of minor who is my .....whose Date of Birth is .....and I am his natural guardian/lawful guardian appointed by the court order dated ..... (copy enclosed) I shall represent the minor in all future transactions of any description in the above account until the minor attains the majority. I indemnify the society against the claim of the minor for any withdrawal/transactions made by me in his/her Account. Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

Signature of Guardian

## NOMINATION FORM

I/We ..... Nominate the following person to whom in the event of my /our/minor's death the amount of the deposit, particulars whereof are given below may be returned by LAKHIMI SANCHAY AND RINDAN SS. LTD.

Name of Nominee :

First Name

Middle Name

Surname/Last Name

Address :

PIN

Age of Nominee

Year

Relationship with Depositor

Tel. No.

Gender



As the nominee is minor (Date of Birth ..... ) on this date I/we Mr./Mrs ..... to received the amount of deposit in the event of my/our/minor's death during the minority of the nominee.

(1)

(2)

Signature /Thumb impression of Account Holders

### INTRODUCER

Name of Introducer : .....

Account No. .... Introducer ID .....  
(Witness)

Signature of Introducer

### BANK ACCOUNT DETAILS

The full settlement of maturity will be credit to my Bank Account No .....

Name of Bank ..... Branch ..... IFSC Code .....

Name of Customer Service Provider (CSP) :

CSP Code No.

Tel. No.

Area Location

### FOR OFFICE USE ONLY

1. I have verified the details mentioned here in above and all details has been entered in the system.
2. Letter of thanks has been sent to the customer on ..... and acknowledgment is received on .....

Name of Officer/ Branch Manager

Date of Issue

Seal & Signature of Authorised Signatory

### ACKNOWLEDGMENT

Dear Account Holder ,

I/We received your application form and as of your request opened an Account Number .....

Reference No. .... BR. Code No. .... CSP. .... Customer ID .....

Share No. .... Share Category .....

All services has been done by LAKHIMI SANCHAY AND RINDAN S.S. LTD. as per your requirements. Thanks.

Authorised Signator



## PREVIOUS ACCOUNT DETAILS WITH LAKHIMI (IF ANY)

Type of Account :  (CS/DS/RD/FD/SS) Account No :

Customer ID No. :  Share Number :

Name of CSP :

CSP Code No :  CSP Area Location :

## FEES :

Account opening Fee :

## KYC DOCUMENTS SUBMITTED :

1. Photo ID proof : ☐ Voter ID/ ☐ Gaonburha Certificate/ ☐ Aadhar Card/ Other
2. Residential address Proof : ☐ PRC / ☐ Town Committee Certificate / ☐ Gaonburha Certificate
3. PAN Card.
4. Age Proof : ☐ School Admit Card / ☐ Birth Certificate
5. Latest Passport size Photograph 3 copies.

- I/We read and understand all the terms and conditions of the society on behalf of deposit account.
- The above particulars given by me is true to best of my knowledge in support of KYC.
- This is hereby agrees to all terms and conditions made by the society or shall be made.
- I/We also understand that approval of account is subject to execution of documents as required by the society.
- I/ We agrees that the society has a right to remove the account for any false documentation or violation of guidelines of the society and make such enquiries about me / us if they think fit.
- I always respect and obey the rules and regulations of the society.

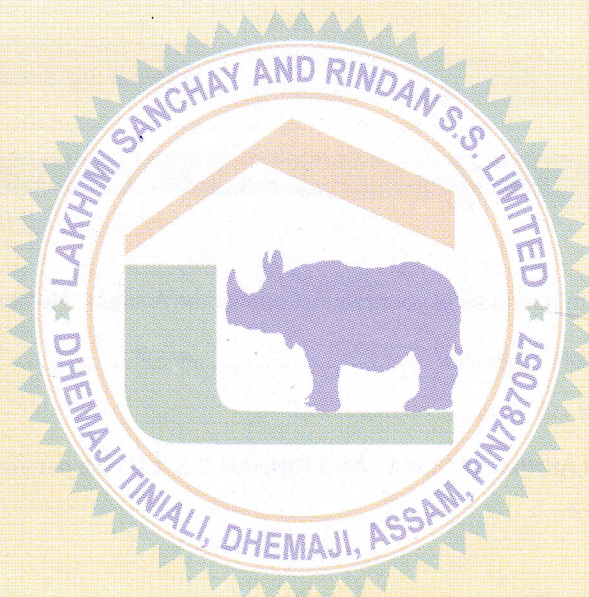
(1)

Signature / Thumb impression of Account Holders

(2)

Signature / Thumb impression of Account Holders

## (OFFICE USE)





**LAKHIMI SANCHAY AND RINDAN S.S. LIMITED**

Regd. office : Dhemaji Tiniali, Near Pramod Bhawan, Dhemaji, PIN - 787057  
Under Govt. of Assam, Regd.No.: DJ-270(b), Act. 1949 (1 of 1950)

Sl.No.

**SHARE APPLICATION FOR INDIVIDUAL**

(Admission to Membership under bye - law No. 9 (a) / 17 and allotment of share)

1.	Name of Applicant	
2.	Father's /Husband's Name	
3.	House Name / No.	
4.	Full Postal Address (With Pin Code)	
5.	Mobile Number	
6.	E-mail ID	
7.	Age & Date Birth	
8.	Occupation	
9.	Religion	
10.	Ssx	
11.	State	
12.	District	
13.	Village	
14.	Ward	
15.	Panchayat /Municipality (With Ward No. & House No.)	
16.	Proof of Identity (Please attach photocopy of Election ID Card)	

17.	Type of Share	(A-Class,B-Class,C-Class, D-Class)	
18.	a. Share Deposited Rs.		Total Rs..... (In words.....)
	b. Admission Fee Rs.		.....)
	Mode of Payment (Tick the appropriate box)	Cash <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Name of Bank : ..... Name of Branch : .....	

(TO BE TURN OFF TO THE APPLICANT)

Sl.No.

Received the application along with share money of Rs. .... (Rupees.....  
.....) only and admission fee of Rs. 10/- (Rupees : Ten only) as of stated in  
the application from **Shri /Smti** .....

Membership ID: .....

Share Number : .....

Date of Issue : .....

Seal and Signature Officer -in-charge of the society.



19.	Details of Nominee				
	a. Name				
	B. Date of Birth		Age	Sex	
	c. Relationship				
	d. Full postal Address (With Pincode)				

20.	Details of existing Bank Account		
	a. Name as in the Passbook		
	b. Account Number		
	c. Name of the Bank		
	d. Name of the Branch	IFSC	
21.	Introducer's Name	Share No.	

I agree to be a member of the Society subject to the rules and regulations of the approved share No. of the Society and future amendments to the same.

Place :

Date :

Signature of Applicant

*N.B.: Approval is subject to consideration of BOD. If not, money will refund as same.*

**FOR OFFICE USE ONLY**

**ADMINISTRATIVE OFFICER :**

Received Rs. .... (Rs. ....)

Number of Shares allotted ..... Share Nos. .... ID No. ....

Shares may be allotted subject to the bye-laws of the society and Assam Co-operative Societies Act. 1949 (1 of 1950)

Date.....

Executive Officer

**DECISION OF THE BOARD : Membership granted / Not granted**

Membership Number : ..... Date of membership issue : .....

Date .....

Signature Director .....

Seal and Signature of MD

**(IF SHARE APPLICATION IS REJECTED)**

Rejected the application for .....

Date : .....

Seal and Signature Officer -in-charge of the society.



### Annexure -III

#### DECLARATION

This is a mutual deposit scheme only for the members of the Lakhimi Sanchay and Rindan S.S.Ltd. Registered under Assam cooperative societies Act. 1949, Regd. No.-DJ270 (B). I / We are a member of this society. I/we clearly know the rules and regulation of the bye –laws of the society. I /We properly understand the terms and conditions of this mutual deposit scheme. My /our share numbers are \_\_\_\_\_.

I / We hereby declare that as per scheme's rule \_\_\_\_\_, I / we should not able to claim pre-maturity or refund before three months from the date of opening my account.

In case of pre-maturity or surrender, I/ we agree to pay a charge as on scheme's schedules \_\_\_\_\_

I / We know that normal maturity delivery period 30 (thirty) days from the date of claim submit with correct documents.

I /We also know that more than Rs. 20,000/- (twenty thousand) amount shall be paid on my/our bank account and less than 20,000/- shall be paid on cash.

I / We know that Share and Mutual deposits are different things. Share deposits should not be withdrawn as per resolution no. \_\_\_\_\_ of Annual General Assembly 2018, in this period share holder may be transfer or sale their Shares an eligible person according to the rules of bye laws.

I/We nominate a person or legal heir or appointing a \_\_\_\_\_ and authorized by me /us that in case of my physical absent he/she will continue this account.

In case of my /our death he/she will be the owner of the mutual funds. I/ we may be change our nominee at any time in writing a fresh application to the executive officer of the society.

As a member, I /We always respecting and maintaining discipline and obey the rules of the bye laws of the society.

As per requirement of the KYC documents, I/ We submitted documents are –

1. Address proof :
2. Age Proof :
3. ID proof :
4. PAN card :
5. Bank Passbook :

**Declarant**

- i) Shri/ Smt. \_\_\_\_\_
- ii) Shri /Smt. \_\_\_\_\_



Introduced by : \_\_\_\_\_

A/c No. : \_\_\_\_\_

Address : \_\_\_\_\_

I/We know Mr./Mrs. : \_\_\_\_\_

S/O D/O W/O : \_\_\_\_\_

since last ..... years/ months and confirm his/ her occupation, present address and signature.

Signaute of Introducer

I have read the rules of the society and accept them as binding upon me.

Signature of A/C Holder &  
Introducer verified

Office (Sig. Index No.)





SANCHAY AND REENDAN SS LTD.

Recent  
Passport

OFFICER'S SIGN  
EMP. NO.

Branch : \_\_\_\_\_

Name of Account : \_\_\_\_\_

Full Name : \_\_\_\_\_

S/o/ Do/W/o : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

MOB No. \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Mode Operation : \_\_\_\_\_

Nationality : \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Specimen Signature/s