

Broker's	Stamp	Code

## Regd. Off.: 9th Floor Antriksh Bhawan, 22 K.G. Marg, New Delhi - 110001

Applicant's Name (in Block Letters)	Gender Date of Birth M/F (DD/MM/YY)
1.	Photo
2.	1st
3.	Depositor
Parent's or Guardian's Name (in case of minor)	
Address of Applicant	
Flat No. Bldg.Name	
Road No./Name	
City PIN Code	
State Country Country	
Tel. STD Code Mobile	
E-mail	
Payment Details Cheque Draft Cash Deposit Receipt N	lo.
Cheque No. Date: Am	nount: ₹
Bank Name Branch Amt. Words	
Period in Month 12 24 36 48 60 72 84 Inte	erest Option Half Yearly Cumulative
Status of the Depositors	
Resident Individual HUF Cooperative Society	Association of persons Trust
Domestic Company Staff	
Repayment instruction First Applicant Either Applicant Or Survivo	r Any one or Survivor
Whether Tax to be deducted Yes No Form 15H/15G	Order u/s 159 Notification u/s10
Mandatory Identity proof 1st depository only (Enclose Photo copy of any one of the	e following )
IT / Pan No. Election ID N	0.
Passport No. Ration Card / Driving Licen	ice
Particulars of other deposits	
Declaration:	
I/We have read and understood and agreed to abide by the stipulated terms and	
depositor in our application is the beneficial owner of the deposit and as such her purpose of deduction of tax under section 194A of the Income tax Act, 1961. I/We and are not depositing this amount as nominee(s) of any person residing outside	/she should be treated as the payee for the e declare that I am/ We are resident(s) of India

- represent funds borrowed or deposit taken from third parties.
- I have gone through the financial and other statements/particulars/representation/furnished/made by the company and after 2. careful consideration I am making deposit with the housing company at my own risk and volition.

I/We amount of the de	m posit, particu	lars where of a	nomi re given, may l	nate the folk be paid by th	owing persone company	on to whom in the	event of my/or	ur/minor's de	eath, the
Nominee Name									
Flat No. Bldg.Name									
Road No./Name City					PIN Code				
State					Country				
Tel.			STD Code		Mobile				
Deposit Rece	Peposit Receipt No. Relationship with Depositor (if any)		r (if any)	Age	of Nominee	Date of Birth of Nominee (if Minor)			
As the nominee is behalf of the even						to	receive the a	mount of the	deposit on
Signature of 1st	Applicant	Signat	ure of 2nd Ap	plicant	Signa	ture of 3rd Applic		Signature	of witness nomination)
									•
Date :									
Date: Place:									
Date :		Place:							
In case of non-ind	CV 1	sitor, please furi	nish the followi	10.70			Specie	mon Signatu	ro/s)
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In case of non-ind Name(s) of the au  1.  2.  Application No.	uthorised sign	sitor, please furnatories	nish the following F	OR OFFICE	E USE ONL	Maturity Value	FDR/CDR	Voucher	Authorised
In case of non-ind Name(s) of the au  1.  2.  Application No.	uthorised sign	sitor, please furnatories	nish the following F	OR OFFICE	E USE ONL	Maturity Value	FDR/CDR	Voucher	Authorised
In case of non-ind Name(s) of the au  1.  2.  Application No.	uthorised sign	sitor, please furnatories	nish the following F	OR OFFICE	E USE ONL	Maturity Value	FDR/CDR	Voucher	Authorised