



HRD NIDHI LIMITED

Rakhe Aapke Jarurton.. Ka Khayal...

PHOTO

MATURITY APPLICATION FORM

- This form is to be filled in by the person legally entitled for the Account Maturity Benefits.
- Kindly write in Capital Letters.

Personal Information about the Account Holder | Mandatory

Name of Account Holder.....

Account Number..... Date of Opening.....

Scheme Name..... Maturity Amount.....

Documents to be submitted along with this Form

- Original Account Document (s) Attached with This form Missing/Lost/Not Available
- Cancelled cheque bearing account number and Account Holder Name or Copy of bank Passbook

Bank Details of the Account Holder | Mandatory

Bank Account Number.....

IFSC Code..... Name.....

Bank Branch.....

Note:- Kindly attach a Cancelled cheque bearing account number and Account Holder Name or Copy of bank Passbook

Declaration and Authorization

Note:- I, the above named Account Holder do hereby confirm that the above said information including Bank details are true and correct. The Maturity benefit paid by the Company in the aforesaid Bank Account shall constitute a valid discharge towards the Company on my behalf.

Signature of the Account Holder

Signature of Witness / s.o

Signature of the Cashier

Signature of the Branch Manager

NOTICE:

Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State.

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