



# KANDAN MUTUAL BENEFIT SASWATHA NIDHI LTD.,

(Declared 'NIDHI' Company)

Reg. & Head Office : No. 7, Menod Street, Purasawalkam, Chennai-600 007. PH : 2642 8929, Cell : 7904154320

Branch Office : No.25, Lakshmanan Nagar, Paper Mills Road, Chennai-600 082. PH : 2671 1669

## SHARE APPLICATION FORM

(To be filled in by applicant Use Block Letters Tick ✓ where applicable)

To  
The Chief Executive, Kandan Mutual Benefit Saswatha Nidhi Ltd.,  
Sir,

Having read and understood the contents of memorandum and Articles of Association. I/We hereby apply for allotment of shares as stated as below. I/We conform that I am / We are Indian Nationals Resident of India.

First Applicant Name		Second Applicant Name	
Father's Name		Father's Name	
Date of Birth	Contact Number	Date of Birth	Contact Number
Occupation		Occupation	
Email ID		Email ID	
PAN No <input type="checkbox"/> Enclosed		PAN No <input type="checkbox"/> Enclosed	
Aadhar Number <input type="checkbox"/> Enclosed		Aadhar Number <input type="checkbox"/> Enclosed	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	
Area	Place
State	Pin Code

No. of Shares applied _____ (in words) _____
Details of Payment : Amount _____ in figures ( _____ in words)
BY CASH/ CHEQUE/ NEFT _____ Dated _____ on _____ at _____

Nominee Name	Relationship
Age	Nominee Mobile Number

Declaration :  
I/We shall abide by the rules and regulations of the company which are in existence and which may hereafter be made and declare that the particulars furnished above are true.

Signature of First Applicant	Signature of Second Applicant
Date :	Place :

Witness :

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

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