



THE KILPAUK BENEFIT SASWATHA NIDHI LIMITED

Regd. Office : "KBS House", No. 82 (Old No. 61), New Avadi Road, Kilpauk, Chennai - 600 010.

Phone : 26461195, 26460995, 42652375 Email : kbs_chn10@yahoo.co.in

Branch Office : No. 140, (Old No. 134-A) Arcot Road, Virugambakkam, Chennai - 600 092. Ph. 23765620 Email : kbs_chn92@yahoo.co.in

No. 4, (Old No. 2/37) Dr. J. Jayalalitha Nagar, Mogappair East, Chennai - 600 037. Ph. 26563254, 43322344 Email : kbs_chn37@yahoo.co.in

To
The Secretary,
THE KILPAUK BENEFIT SASWATHA NIDHI LTD,
Chennai - 600 010.

APPLICATION FOR EQUITY SHARE

Date :

Sir,

I request that you will be pleased to enroll my / our name as a Equity Shareholder for **ONE / TEN SHARES** to the
" **THE KILPAUK BENEFIT SASWATHA NIDHI LIMITED**"

I send herewith Rupees **TEN / ONE HUNDRED** and request that you will acknowledge receipt of the same.

I do hereby agree to abide by such Articles of Association of the Society as are now in force or as may duly come into force from time to time.

Personal Information

NAME (in block letters)			
Father's / Husband's Name			
Age			DOB :
Date of Birth (DD/MM/YYYY)			
Nationality			
Occupation			
Address			
	Mobile No. :	PAN No. :	
	Phone No. :		
	Email :		
ID Proof	1. Ration Card No.		
	2. Voter Identity Card No.		
	3. Passport No.		
Address Proof (Attach Xerox Copy)	4. Driving Licence No.		
	5. Uldai (Aadhar) No.		
	6. Other's		
NOMINEE DETAILS			
Name			
Relationship			
Age & Date of Birth			
Signed by the applicant in the presence of me both present at the same time who at his request in such joint presence have hereunto subscribed my name as witness.			
Witness :			Yours faithfully
Folio No. :			
Address :			
Signature :			Signature of the Applicant

FOR OFFICE USE ONLY

Folio No.	Certificate No.	Distinctive No.	Account No.	Date
		From To		