

website: www.sahyogcredit.com email: contact@sahyogcredit.com

Reg. No. MSCS/CR/711/2012

						Head (Office	3-4, Ci	rcular	Road,	1st Fl	oor, Ab	ove St	ate Ba	ink of	Patia	ala, Al	BOHAR	1-1521	
MEMBERSHIP FOR	RM																			
Branch Code					Brand	ch Nar	ne													
Member Code					Custo	omer I	D													
To The Chairman																	pa	ix your assport bhoto h	size	
Sahyog Credit Co-op I/We hereby apply f take to abide by t	or th	e mem	nbershij	p of th																
amendments made	these	to unc	der the	Coop	erative															
						API	PLICA	NT INF	ORMA	TION										
Name of Applicant																				
Father/Husband's Name																				
Mother's Name																				
Correspondence																				
Address																				
	City	,										State								
	Pin	No				Dat	e of I	Sirth						Gen	der					
Telephone No.		110.				Da	01 1					Cell		Gen	uei					
												Cell								
E-mail ID																				
PAN								Passpor	t No.						DL	No.				
Resi./ ID Proof		Driving	Licence	Ra	tion Card		Voter C	ard	Tel/I	Elec. Bill		Govt. ID	Card	Aa	dhar Ca	ırd	Ot	hers		
Occupation		Salaried	d	Sel	lf Employed	i	Agricult	urist	Profe	essional		Others			ı	Marri	ed (Y	/N)		
							NOM	INEE D	ETAIL	S										
Nominee Name																		Age		
Relation											Mino	r (Y/N	l)							
Address																				
DOB of Minor						Gu	ıardia	n Name												
						MEM	BERSH	IP FEE D	ETAIL											
Member Type		Nomi	inal		Ordin	ary				N	embe	ership	Fees				Ad	missi	on Fee	
	DEC	LARATIO	DN										APPRO	VAL FO	R ME	MBER	SHIP			
I affirm that, infor	natio	on furr	nished	herei	n above	e is tr	ue an	d	Sahyo	g Cre	dit Co	o-oper						nent	Board.	
authentic to the bes	t of n	ny knov	wledge	•						h Man oved M			nated	perso	n of i	Mana	geme	nt bo	ard ha	
								Da	ite:											
Member's Sign.							Date:									Approved by				

receipt of any other income chargedale to income ixa in frespect of transaction specified inclusives; to job of rule 1488. 2. Particular of transaction. 3. Amount of the transaction. 4. Are you assessed to tax 2 feet. 5. If yes 100 Resons of not having permanent Account Number/ General Index Register Number (General Index Register Number). 6. Details of the document being produced in support of address in column (1) Date: Signature of the declarant. Date: Place: Signature of the declarant. Signature of the declarant. Signature of the declarant. Date: Place: Signature of the declarant. Signature of the declarant. Date: Place: Signature of the declarant. Date: Place: Signature of the declarant. Date: Place: Signature of the declarant. Signature of the declarant. Signature of the declarant. Signature of the declarant. Date: Place: Signature of the declarant. Signature of the declarant. Signature of the declarant. Date: Place: Signature of the declarant. Signatu		BANK DE	TAIL
To be filled by those Applicant who do not have PAIL Card (FORM NO. 61)	Bank Name	Bank A	cc. No.
To be filled by those Applicant who do not have PAN Card	IFSC Code		Branch
[FORM NO. 61] [See second proviso to rule 1148] [See proviso to clause (a) of rule 114C (1)]	Date		Place
See second proviso to rule 1148 See proviso to clause (a) of rule 114C (1)		To be filled by those Applicar	nt who do not have PAN Card
3. Amount of the transaction. 4. Are you assessed to tax ? Yes / No. 6. Details of Ward (Icrober Range where the last return of Income was filled! (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Reasons of not having permanent Account Number/General Index Register (I) Any declare that my source of income is from	Form of declaration to be fil number or General Index Re transaction specified in clau	ee second proviso to rule 114B] led by a person who does not have either a permanent Account egister Number and who makes payment in cash in respect of uses(a) to (h) of rule 114B	[See proviso to clause (a) of rule 114C (1)] Form of declaration to be filed by a person who gas agricultural income and is not in receipt of any other income chargeable to income tax in respect of transaction specified in clauses (a) to (h) of rule 114 B.)
3. Amount of the transaction. 4. Are you assessed to tax Y Yes /No. 6. Details of the document being produced in support of address in column (1) 1			
4. Are you assessed to tax Yes/No. If yes (i) Details of Ward/Circle/Range where the last return of income was filled? (ii) Reasons of not having permanent Account Number/General Index Register Number Date: Place :			
Date :	4. Are you assessed to to 15. If yes (i) Details of Ward (ii) Reasons of not Number.	ax ? Yes/No. d/Circle/Range where the last return of Income was filed? having permanent Account Number/General Index Register	I hereby declare that my source of income is from agriculture and I am not required to
Institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of the Centra Government, State Government or local bodies showing residential address. (g) Any other documentary evidence in support of his address given in the declaration. FINANCIAL INFORMATION Referred by Motor Insurance Make & Model: Insurer: Make & Model: Insurer: Life Insurance Pension Plan: Child Plan: ULIP Plan: Endowment Plan: Loan Requirement Two Wheeler Loan: Personal Loan: Four Wheeler Loan: Insurer: Insurer: Insurer: Insurer: Insurer: Insurance Yes / No: Insurer:		-	Place :
Referred by Motor Insurance Make & Model: Insurer: Make & Model: Month & Year of Purchase: Insurer: Month & Year of Purchase: ULIP Plan: Child Plan: ULIP Plan: Endowment Plan: Loan Requirement Two Wheeler Loan: Personal Loan: Four Wheeler Loan: Commercial Vehicle Loan: Health Insurance Yes / No: Insurer:		ents which can be produced in support of the address are : ((a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any
Motor Insurance Make & Model: Insurer: Make & Model: Month & Year of Purchase: Insurer: ULIP Plan: Child Plan: ULIP Plan: Endowment Plan: Loan Requirement Two Wheeler Loan: Personal Loan: Commercial Vehicle Loan: Health Insurance Yes / No: Insurer:	institution (e) Copy o	ents which can be produced in support of the address are : of the electricity bill or telephone bill showing residential ad	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central
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Make & Model: Insurer: ULIP Plan: Child Plan: Under Endowment Plan: Endowment Plan: Four Wheeler Loan: Personal Loan: Health Insurance Month & Year of Purchase: ULIP Plan: Endowment Plan: Four Wheeler Loan: Insurer:	institution (e) Copy o Government, State Go	ents which can be produced in support of the address are: (of the electricity bill or telephone bill showing residential address. (g) Any wernment or local bodies showing residential address. (g) Any	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. ### IFORMATION
Insurer: Life Insurance Pension Plan: Child Plan: Endowment Plan: Loan Requirement Two Wheeler Loan: Four Wheeler Loan: Personal Loan: Commercial Vehicle Loan: Health Insurance Yes / No: Insurer:	institution (e) Copy o Government, State Go Referred by	ents which can be produced in support of the address are: (if the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. FORMATION Contact No.
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Child Plan: Endowment Plan: Two Wheeler Loan: Personal Loan: Four Wheeler Loan: Commercial Vehicle Loan: Health Insurance Yes / No: Insurer:	institution (e) Copy o Government, State Go Referred by	ents which can be produced in support of the address are: of the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase :
Loan Requirement Two Wheeler Loan : Four Wheeler Loan : Personal Loan : Commercial Vehicle Loan : Health Insurance Yes / No : Insurer :	institution (e) Copy o Government, State Go Referred by	ents which can be produced in support of the address are: of the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase :
Personal Loan : Commercial Vehicle Loan : Health Insurance Yes / No : Insurer :	institution (e) Copy of Government, State Go Referred by Motor Insurance	ents which can be produced in support of the address are: of the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer: Make & Model: Insurer:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase:
Personal Loan : Commercial Vehicle Loan : Health Insurance Yes / No : Insurer :	institution (e) Copy of Government, State Go Referred by Motor Insurance	ents which can be produced in support of the address are: of the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer: Make & Model: Insurer:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase: ULIP Plan:
Health Insurance Yes / No : Insurer :	institution (e) Copy of Government, State Go Referred by Motor Insurance Life Insurance	Pents which can be produced in support of the address are: If the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer: Make & Model: Insurer: Pension Plan: Child Plan:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase: ULIP Plan: Endowment Plan:
Tes / No.	institution (e) Copy of Government, State Go Referred by Motor Insurance Life Insurance	Make & Model: Insurer: Make & Model: Insurer: Child Plan: Two Wheeler Loan:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase: ULIP Plan: Endowment Plan: Four Wheeler Loan:
AUDUST ELECTIONS	institution (e) Copy of Government, State Go Referred by Motor Insurance Life Insurance Loan Requirement	ents which can be produced in support of the address are: if the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer: Make & Model: Insurer: Pension Plan: Child Plan: Two Wheeler Loan: Personal Loan:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase: Month & Year of Purchase: ULIP Plan: Endowment Plan: Four Wheeler Loan: Commercial Vehicle Loan:
Annual Income ₹:	institution (e) Copy of Government, State Go Referred by Motor Insurance Life Insurance Loan Requirement	ents which can be produced in support of the address are: if the electricity bill or telephone bill showing residential advernment or local bodies showing residential address. (g) Any FINANCIAL IN Make & Model: Insurer: Make & Model: Insurer: Pension Plan: Child Plan: Two Wheeler Loan: Personal Loan:	(a) Ration Card (b) Passport (c) Driving Licence (d) Identity Card issued by any Idress (f) Any document or communication issued by any authority of the Central other documentary evidence in support of his address given in the declaration. IFORMATION Contact No. Month & Year of Purchase: Month & Year of Purchase: ULIP Plan: Endowment Plan: Four Wheeler Loan: Commercial Vehicle Loan:



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ACCOUNT OPENIN	IG FORM				3-4, Circu	ŕ									
					ONAL DETA										
			(Please fil				only.)								
APPL PREFIX	FUI	L NAME (Ple	ase leave one sp	ace betwee	n words for e	g.) K	R I S H	AN	ΚU	M A R	A N	E J	Α		
1st															
2nd															
f any of the applicants ar	e EXISTING ACC	OUNT HOLDERS,	please menti	on the Cus	tomer Iden	ification No	*	Date	of Biı	th			*Ma	ale/F	emal
(Cust ID)							1st							M	F
2nd Appllicant (Cust ID)							2nd							М	F
PAN No. (If not available	please attach Fo	orm 60/61)	FORM 60 /	61 ATTACH	HED *MOT	HER'S MAIDE	EN NAME								
1st				Y N	Ms										
2nd				Y N	Ms										
				SCH	EME DETAI	L									
Product	Fixed	d Deposit	Recur	ring De _l	oosit	Mont	hly Inco	me S	chem	e (MIS)	Pe	nsio	n Pla	an
	Daily	Deposit Aco	count			Gulla	ak Accou	nt				Sa	ving	Acc	ount
Period (in months)		Rate of Ir	ntt. %	Am	nount ₹		(ir	n wor	ds)						
Interest Payout	Mont	hly	Quarte	erly	Half `	early	Yea	rlv	In	terest	Amoui	nt ₹			
·		,		· L	OF PAYME			,							
	Cash		Chequ		OI TATME						Ch	ogu	e/DD	Dat	_
			Cricqo								Cii	cqu	.700	Dat	
	Amount ₹				Bank Nar										
			PH	UTUGKAF	HS OF APP	LICANIS									
Affix your							x your								
latest passpo							passport								
size photo he	ere	Sig	nature Her	e		size pł	noto here	9			Sign	atur	e Hei	re	
	Na	me							Nan	ne					
1st Appl.				OT A SUD IN	o luotouo		l Appl.								
DI.					G INSTRUC										
Please debit my															_
Rs maturity/intere					-									epos	it on
maturity/intere	st payout Wi	u pe transle	i to my A/	C NO											
										Signat					

	MODE OF O	PERATION										
Self / Single Jointly E	Either or Su	Survivor Any Other ()
PARTICULARS	OF INTROD	UCTION / II	DENTIFI	CATION								
Name of Introducer												
Introducer's A/c No.		Introdu	cer's C	ode								
I Certify that I have known Mr./Mrs./Miss					_for	the la	st					
months/years and confirm that his/her/their Name, Bu	isiness and	Address	mentio	ned ii	the	applic	atio	n for	m ar	e corı	ect.	
Signature of Introducer	TERM 6. CO	NDITIONS				٧	erif	ying	Offic	er		
	TERM & CO	אוטווושאנ			Gi	ıllak <i>i</i>	Acco	unt				
Fixed Deposit / MIS a) Minimum deposit starts from Rs. 1000/- & thereafter in multiple of Rs	s. 100/-	a) Cost of b) No. pre			' -				schen	ne.		
b) No. premature withdrawal for 1/2/3 year & bond schemes. Prematur available after 36 months @ 7% per annum will be given in 4 & 5 years.	re payment	c) In case month wil	of any in	stalme							oer Rs. 100	/- pe
c) Interest to be compounded yearly.		d) Loan f accounts.	-									_
d) In respect of payment of interest to member tax will not be deductede) Loan available upto 50% of deposited amount, after half tenure from the properties of the properties		e) The ma instalmen	t or the n	naturity	date w	hich ev	er is l	ater	the d	ate of d	eposit of t	ne las
opening of account.		f) No inter g) Interes										
Recurring Deposit a) Minimum deposit starts from Rs. 200/ - & thereafter in multiple of Rs.	. 100/-	a) Minimu	m deposi			Depo . 50/- 8				ıltiple o	f Rs. 10/-	
b) Interest to be compounded Monthly. c) In case of any instalment is not paid in time a penalty of Rs. 2 per Rs	s. 100/- per	b) No prer c) In case	of any in	stalme	al avail it is not	able in paid in	1/2/3 time	years a per	scher alty o	ne. of Rs. 2 p	per Rs. 100)/- pe
month will be charged. d) The maturity amount will be paid one month after the date of deposit	it of the last	month wil d) Loan f	acility a		nature	payme	nt is	not a	ıvailal	ole in c	ase of irr	egula
instalment or the maturity date which ever is later. e) No premature withdrawal available in 2 & 3 years scheme. Prematur available after 36 months @5% per annum will be given in 4 & 5 years.	re payment	accounts. e) The ma instalmen	turity am	ount w	ll be pa	id one r	nontl	after	the d	ate of d	eposit of t	ne las
f) Loan facility and premature payment is not available in case o accounts.	of irregular	f) No inter	est will b	e paid	fter ma	turity o	f sch	eme.	ter ha	ılf tenu	re from c	ate o
g) Interest will be given only on regular accounts.	N DV THE DE	opening o	f account		o or ac	posited	umo	une un	cer ne	tti teridi	e mome	ate o
I/Wedo				is stat	ed abo	ove is	true	to ti	ne he	est of r	ny know	ledo
and belief. Further this is also declared that I/We have re												
amendment/changes in the scheme.											,,	
Date :												
Place :								Sigr	nature	e of the	e Declara	ınt
DECLARATION IN CASE	OF ILLITERA	TE DEPOSI	TOR(S)									
I/Wedo	hereby de	clare tha	t I/We	have	read	out ar	d e	kplai	ned	in Loc	al langu	age
the rules, terms & conditions of the scheme to the Depo								• • • • •		•••••		
	ositor Mr./	Mrs./Mis	5	• • • • • •	•••••							
	ositor Mr./	Mrs./Mis	5	•••••	•••••							ınt
Date :	oositor Mr./	Mrs./Mis	5	•••••	•••••			Sigr	nature	e of the	e Declara	
Date :	oositor Mr. /		5					Sigr	nature	e of the	e Declara	
Date : Place : FOR			5					Sigr	nature	e of the	e Declara	
Date : Place : FOR Customer ID			5			_		Sigr				
Date : Place : FOR Customer ID Account No.			5					Sigr		e of the		
Date : Place : FOR Customer ID			5			_		Sigr				