



JAGAPATHI

CHITS PVT. LTD.

No. 20, Krupa Sagar, 3rd Floor, 4th 'N' Block, Dr. Raj Kumar Road, Rajajinagar,
Bangalore - 560 010. Phone : +91-80-2352 6863 Mobile : +91-98801 97563

Passport Size
Photograph
to be affixed

PERSONAL INFORMATION

INFORMATION CUM APPLICATION

Name of the subscriber/Firm Mr/Ms/Dr./M/s																	
Father / Husband's Proprietor/Partners/Director's Name																	
PAN number (Pl. provide copy of PAN card)														Date of Birth	dd	mm	yyyy
Whether IT Assessee	Yes <input type="checkbox"/> No <input type="checkbox"/>																
Telephone Numbers	(M)						(R)										
	Alternative :						(O)										
E-mail (Pl. write in capital letters)																	
Permanent Address (Pl. provide proof of address)																	
Mailing Address (Pl. provide proof of address)																	
NOMINATION																	
Nominee Details	Name & Address						Relationship		Date of Birth		percentage						
If nominee is a minor then provide Name and Address of guardian																	
No. of Dependents																	
Your House	Own / Leased / Rented / Company provided																

PROFESSIONAL DETAILS	
You are (Pl. tick the appropriate)	Salaried / Retired / Pensioner
If salaried - employed in (Pl. tick the appropriate group)	Govt. / Public Sector / public Limited Co. / Private Limited Co. / MNC / Others (Pl. indicate the nature of activity if others is ticked)
Your Profession / Designation	
Monthly Income	
BUSINESS DETAILS	
If self employed (Pl. tick the appropriate)	Proprietor / Partner / Director / Doctor / Engineer / Lawyer / Others (Pl. indicate the nature of activity if others is ticked)
Date of Establishment	
Name and Address of the Firm/Company	
No. of employees	
PAN/TAN/VAT Number	
Annual Turnover	
Annual Income	
Pl. provide copy of latest financial statement	
PROPERTY DETAILS	
Movable / Immovable (Pl. furnish address of the properties)	1 2 3
Reference	1 2

Are you a member of any other chit group in OUR COMPANY ?	Yes /	If Yes, Group :	Value of chit
	No.	Monthly subscription	Termination date
Are you a member of any OTHER chit Company ?	Yes /	If Yes, Name of the Chit Co.	Value of chit
	No.	Monthly subscription	Termination date

DECLARATION

1. I/We hereby confirm and declare that the above mentioned particulars are correct.
2. Rules and Regulations relating to the chit has been read/translated and I/We have understood the same. I/We agree to be bound and abide by the terms and conditions of **M/s. JAGAPATHI CHITS PVT. LTD.** I/We wish to join the proposed chit group as a subscriber.
3. I/We understand that I/We have to give security to the extent of future liabilities (instalments) when I/We bid the chit. I/We hereby agree to give security acceptable to the Company to the extent of upto 150% of the future liability in the form of movable or immovable properties.
4. Please allot me a chit of value Rs.....with a monthly subscription of Rs.....
I am remitting Rs.....(Rupees.....
.....only)
by cash/Cheque/ DD No.....dated.....drawn
on.....being the payment of first instalment.

Place :

Date :

SIGNATURE/S

1. In case of partnership firm the authorized signatory/signatories as per the partnership deed should sign the form along with Seal of the Firm
2. In the case of Companies and Trusts, a resolution to join the chit is to be attached.

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please fill in all the columns in capital letters.
2. Ensure entering only one alphabet in each block wherever the columns are divided into blocks.
3. Wherever indicated please provide copies of the necessary documents as proof.
4. Acceptable documents - both original and copy to be produced. Original will be returned after verification.

Proof of Identity	Proof of Address
a) Passport	a) Eley Bill/Water Bill/Gas Bill/Tax paid Receipt
b) Driving Licence	b) Passport
c) Voter's ID Card	c) Driving Licence
d) ID Card issued by Government authorities	d) Voter's ID Card
e) ID Card issued by Employer acceptable to us	e) Latest Telephone Bills
f) Adhar Card	f) Employer's Certificate
g)	g) Rental Agreement
h)	h)

FOR OFFICE USE

Receipt Number	Group	Ticket No.:	Customer ID :
Introducer by	Name		Signature

Note :

Verified by	Name	Signature	
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Note :

Admitted / Not Admitted

Authorised Signatory's Signature

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