

KUTUMB SURAKSHA YOJANA

Managed by **Shree Modi Samaj Vikas Trust**

President : **Anil A. Modi (Advocate)**

5, Laxmikunj Society, College Road, Talod, Dist. S.K. Mo. 9426342031

Honorary Secretary : **Hitesh R. Modi**

11, Giriraj Society, College Road, Talod, Dist. S.K. Mo. 9426597763

New
Passport
Size Photo
Compulsory

Membership No.

To,

The President/ The Honorary Secretary,

I have read rules of Family Protection Scheme managed by Shree Modi Samaj Vikas Trust and I am bound to follow the rules of yojana and other which will be made in future also. I want to be a member of this scheme according to rules.

(FILL FORM IN CAPITAL LETTER)

Full Name of Member : Mr./Mrs. Name Father/Husband's Name Grand Father's Name Surname

Age : Years Date of Birth (Birth Certificate / L.C. Compulsory)

Address :

PIN CODE :

Mo.No.: Mo.No.:

Occupation of Member : Job / Business / Other Designation

Company Name City

I Send Fee Rs. Rs. in words

For the age between and Cheque No. Date

Bank City Accept it, according to rules.

Pay Economic help to my Acceser in my Absence

First Accessor's Name : Relation

Age of Accessor Years Birth Date

Accessor's Sign. (If minor, Guardian's Name & Sign.)

Give Economic benefit to Under Mentioned Person in absence of first Accessor

Second Accessor's Name : Relation

Age of Accessor Years Birth Date

Accessor's Sign. (If minor, Guardian's Name & Sign.)

Call Money receiver's Incharge Name

Address : City

Date Sign. of Member :

Incharge Sign.

Incharge
Rubber
Stamp

Don't fill below bloacks - for office use only

Submission Date 2 0

Membership No.

Approval Date 2 0

Rs.

Approver's Sign.

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GENERAL RULES

1. Main intention of this scheme is to be economically helpful to the accessor of member after his/her death.
2. A person aged between years to year can be a member of this scheme and In future, it will be changable.
3. Rs. membership fee will be accepted with form by A/c. Payee Cheque Payable at Talod name of "Shree Modi samaj vikas trust".
4. Accessor of member will have to send death certificate copy with printed form order to receive economic benefit from the yojana.
5. All member will have to pay the death benefit fund every month which is Rs. 240/- Compulsory from the time of membership and it will be mandatory to submit the ACH form along with the membership form. If Member will fail to do so, their membership will be cancelled automatically, which will not be informed to the member. Cancelled member's accessors will not get any benefit.
6. The risk of member will start after days. The death of member before days no benefit will be given to accessor.
7. The member will be suspended if any member defame this scheme.
8. Any complain regarding this scheme will not entertain directly at the office. Complain can be file to the related Incharge in written only after that complain can be file in the office.
9. The rules can be change regarding this scheme. It will be bounded to every member.
10. Jurisdiction of this scheme will be Talod. (Sabarkantha District)

I, undersigned person, have read all rules and i am bound to it. Moreover, till today I dont' have any serious illness or there isn't any symptoms of it.

I haven't admitted in the hospital in last 6 months. I confirm that.

I have filled the form of this scheme after reading all the rules above mentioned which are binding to me.

Signature of member

Date :

It is necessary that Witness Should be Member. Member has signed in presence of mine(Incharge), I know him/her very well. He/she has not been admitted in the hospital in last 6 months for that I have signed.

Witness Name : Membership No.:

Address :

Signature : Date :

Incharge Name :

City : Signature of Incharge :

BANKERS :

- (1) Bank of Baroda A/c. No. 01800200000092
- (2) Dena Bank
- (3) HDFC Bank
- (4) Canara Bank
- (5) State Bank of India
- (6) ICICI Bank
- (7) Bank of India

✓ Attachments :

- (1) Birth Certificate / L.C. (Certified Copy)
- (2) Photo (Passport)
- (3) Marriage Certificate for Inter cast marriage
- (4) Adhar Card, ACH Form, Bank Cancel Cheque
- (5)