



PASS ONE FUTURE TECHNOLOGY

Regd Add:- Naya Tola Kharjamma, Mahnar Bazar, Vaishali, Bihar Pincode 844506

GST No:-10AYGPP8329M1Z3 (MSME Udyam No-BR-37-0011095)

Call/WhatsApp on 9229817807 Email us on passonefuture8@gmail.com

ONE TIME / MONTHLY CONTRIBUTION MEMBERSHIP APPLICATION FORM

Please fill in Black Ink & in CAPITAL LETTERS only

CUSTOMER INFORMATION

Name of the Applicant

Date of Birth

Mobile No

Full Address

Email id:-

INTRODUCER DETAILS

Name: -

Post / ID

Contact Number

Signature of Introducer

OTC DETAILS

OTC Type	Amount	Tenure*			Interest Mandate-Long-term>180days			Interest Rate%
		Years	Months	Days	Simple Interest		Quarterly Compounding	
					Monthly	Quarterly		
<input type="checkbox"/> Contributor	<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Believers					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Partners		5Years			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BANK & KYC DETAILS OF THE APPLICANT

BANK NAME: -	BRANCH NAME: -
A/C NO: -	IFSC CODE: -
PAN NUMBER: -	ADHAR NUMBER: -
EDUCATIONAL QULIFICATION: -	OTHER QUALIFICATION: -

CONTRIBUTION DETAILS (Applicable in case of Individuals only)

Monthly Installment Amount Rs.

Number of Installments

Months (Min. 12 & Max. 120 month)

Date of Contribution every month

Interest Rate _____%

MODE OF CONTRIBUTION

CASH UPI BANK TRANSFER PRODUCTS & SERVICE

Details of your Contribution Mode:

INSURANCE DETAIL

• Accidental Insurance up to 10x of OTC and Coverage & Claim settle by the Insurance Company

Yes, Agree with Insurance Details and Condition

PHOTO

Crossed Signature

