



ALFASTAR INDIA NIDHI LIMITED

भारत सरकार द्वारा मान्यता प्राप्त

CIN NO. : U65999RJ2019PLC064043

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Support: 7413803330,31,32

Date: 

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EMP ID: 

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## | Correction/Updation Form |

## Point 1.

|                                                                                                             |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                       |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------|---|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Membership Number                                                                                           |   |  |  |  |  |  |  | Mobile Number           |  |  |  |  |  |  |  | Account Number                                                                                                                                                                        |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  | <table border="1"><tr><td>9</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  | 9                | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                             |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                       |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9                                                                                                           | 1 |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                       |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                             |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                       |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Member Name                                                                                                 |   |  |  |  |  |  |  | Current SB Account Type |  |  |  |  |  |  |  | Loan Account Number (if Available)                                                                                                                                                    |  |  |  |  |  |  |  | Monthly Turnover |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                             |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                       |  |  |  |  |  |  |  |                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| SRN | UPDATE LIST                  | Tick(✓) | ID Number              |  |   |   |   |   |   |   |   |   |  |  |  |
|-----|------------------------------|---------|------------------------|--|---|---|---|---|---|---|---|---|--|--|--|
| 01  | Member Name (Govt. Approval) |         | Member Name            |  |   |   |   |   |   |   |   |   |  |  |  |
| 02  | Pan Number                   |         | Pan Card Number:       |  |   |   |   |   |   |   |   |   |  |  |  |
| 03  | Mobile Number                |         | New Mobile Number:     |  |   |   |   |   |   |   |   |   |  |  |  |
| 04  | E Mail Id                    |         | Customer Mail Id       |  |   |   |   |   |   |   |   |   |  |  |  |
| 05  | Update Nominee               |         | Nominee Name           |  |   |   |   |   |   |   |   |   |  |  |  |
| 06  | New Address                  |         | Nominee Date Of Birth: |  | D | D | M | M | Y | Y | Y | Y |  |  |  |

## Note:

- a. Please attach self attested Add. proof(Aadhar,Voter, and Ration Card, Elect. Bill or etc.) Xerox of Customer.
- b. Attach Pan Card/Aadhar Card Xerox of Nominee(In case of Nominee Updation). Relation Of Nominee .....

DECLARATION BY THE MEMBER

- I /We request you to update my ..... in to ..... My Saving Account/RD Account.
- I have read and understood and agree to be bound by the Terms and conditions mentioned overleaf, related to UIDAI guidelines,sharing of Information with agencies/service providers on need to know basis, regarding various products and services including SMS Banking, E-Statement & Internet Banking, including Terms and Conditions related to sharing of relevant information under foreign tax laws like FATCA as displayed.
- I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric Information and/or One Time Pin (OTP) data(and/or any similar authentication mechanism ) for Aadhaar based authentication for the purpose of availing any Banking Services with ALFASTAR INDIA NIDHI LIMITED

Signature/Thumb impression of Member

