

SAMRUDHISAHAKARANA NIDHI LIMITED

Registered under and Controlled By Ministry of Corporate Affairs- Govt of India

15/1131 Damodar Memorial Building, Near KSEB, Anchal P.O., Punalur, Kollam, Anchal Kerala, India-691306, Email: samrudhicoanchal@gmail.com, Mob: 9072460050 Ph: 0475 2981663, CIN U65100KL2023PLN080050

APPLICATION FOR SHARE

Authorized Capital Divide No:	orized Capital Dividend into Equity of RS 10/- of each.				DATE:			
To, The Managing Director								
I/We request you to enroll my I/We send herewith Rs. of Association of the Compar I/We do hereby agree to abid force, or as may duly come in	ny. Ie by the Arti	by Casl	h/Cheque t	owa	rds the		shares as per the Articles Regulations as are now in	
Name :					Date Of Birth :			
Address :					Occupation :			
Ph:					Landmark :			
Guardian Name :					Pin Code :			
NOMINEE NAME RELATIONSHIP				ADDRESS			BANK BRANCH BANK ACC/NO IFSC CODE	
Attention of Applicant(s) is dr Any Person who : a)Makes in a fictitious name b)Otherwise induces to allot, punishable with imprisonmen	and applicar register any nt for a term	nt to a Company fo transfer of shares	r acquiring therein to	, or s him,	subscr	ibing for any share	s therein.	
For Office Use Onl	У					DATE :		
					LANAT	DAIL.		
GUARDIAN NAME	DIAN			RELATIONSHIP				
DATE OF BIRTH	BIRTH			ADDRESS				
ADDRESS				Meeting Date : Share Allocated :				
Share Numbers : From to					hare Value Rs :			
Date: Manager :						Managing Director :		