

MEMBERSHIP APPLICATION FORM

The Board of Directors

NET INDIA SUVIDHA CARDS LTD.

(INDIAN NON-GOVERNMENT COMPANY)

Corp. Office : Rajgunj Road, Guhibandh, Katras - 828113, Dhanbad (Jharkhand)

MEMBERSHIP NO.



Dear Sirs,

I hereby apply for allotment of a Suidha Card as per the details given below. I confirm that have read and understand all the terms and conditions and agree to abide by them. In the event that the amount paid by me is not correct, I understand that this application may be rejected. I also further understand that Board of Directors are entitled in their absolute discretion to accept or reject this application below.

TELL US ABOUT YOURSELF

Title Mr. [] Mrs. [] Ms. Others. [] (Please Specify)

Name _____

(Please underline one name, by which you would like to be addressed e.g Mr Mehta)

Sex : M [] F [] DOB _____ Occupation _____ Yly. Income _____

Nominee _____ Relation _____ Age _____

Address _____

Mobile [] PIN. CODE : []


State []

TYPE OF CARD..... VALIDITY..... SIDE EXPENSES..... NET AMOUNT.....

PAYMENT	Cash.	[]	Chq/D.D. No. _____	Bank _____
	Cheque/D.D. []		Dated ____/____/____.	Branch _____
AGENT	Date ____/____/____		Signature of Card Member _____ (I have read the terms & Conditions)	
	AGENT CODE NO. _____		RANK _____	TOP CODE _____
TOP CODE	AGENT NAME _____		AGENT SIGNATURE _____	
	EXECUTIVE.	AM.	M	SM
OFFICE USE ONLY	Notes & Remarks		Branch Code & Name	
			Date & Receipt Stamp	

MEMBERSHIP FEE SLIP

Received from _____	<div style="border: 1px solid black; width: 100px; height: 40px; margin: auto;"></div>
(Rupees _____ Only)	
Cash. []	Chq/D.D. No. _____
Cheque/D.D. []	Dated ____/____/____.
Bank	Branch
Agent Name _____	Code _____



TERMS & CONDITIONS FOR SUVIDHA CARD

1. The membership Fee is NON REFUNDABLE & NON TRANSFERABLE.
2. All payments shall be made by Cheques /Drafts payable to NET INDIA SUVIDHA CARDS LTD. (Written in full)
3. In case of loss of the Membership card the same shall be replaced by the company on receiving a proper request at an additional cost of Rs. 100
4. The Company reserves the absolute right to include /exclude any Authorised Member Establishment (AME) from time to time without assigning any reason and the same shall be communicated to the card member from time to time.
5. In case of any disputes the decision of the Company shall be final and binding.
6. In case of Bargain Sale / Discount Sale / Special Schemes announced by our AME, the SUVIDHA CARDS shall not be accepted for issuing Coupons.
7. SUVIDHA CARDS will not be accepted together with other Credit Cards and Discount Cards.
8. All the Instruments and the Insurance policies (Free Gift) will be issue within 45 days from the date of Requisition Received.
9. All the rules and regulations are subject to Dhanbad Jurisdiction only.
10. NET INDIA reserves the right to add/ delete/ amend any terms and conditions from time to time.
11. Upgradation or degradation of cards selected is not permissible.
12. NISC reserves absolute and sole right to accept or reject application without assigning any reason.
13. Please note that the card is sold, maintained, serviced and operated by Net India Suvidha Cards Ltd, Net India Suvidha Cards Ltd., has an arrangement with the Insurance company where in it propose to insure the member for 1 years.
14. The Membership of the Company is for restricted persons only and the membership is not an invitation to the public nor is it a Prospectus or a statement in lieu of Prospectus as defined in the Companies Act, 1956.
15. The Insurance benefit is intrinsic to the member and is provided free of cost. The rules, conditions and regulations of the Insurance Company will apply to all the policies, please remember Net India does not sell Insurance and no additional amounts are collected in the name of Insurance.
16. The minimum purchase from an Authorised Member Establishment shall be at least Rs. 100 there are no maximum limits.
17. The C. C.C. (Calculated Cost of Coupons) should be for a minimum of Rs. 10,000 or in multiplies of Rs. 10,000 (For "A Category"). Rs. 20,000 (For "B Category") and Rs. 40,000 (For "C" Category) thereof.
18. The proof of C.C.C. may be submitted by either hand delivery or by post, The relevant financial instruments shall be sent to you as per the above schedule. (as per option of Card Holder),
19. The unutilised amount of the purchase can be adjusted in the following quarter.

घोषणा :

मैं घोषणा करता हूँ / करती हूँ की कम्पनी द्वारा बनाये गए सभी नियमों को मैंने समझ लिया और मैं सोच समझ कर कम्पनी के सदस्यता ग्रहण कर रहा हूँ / कर रही हूँ सदस्यता फीस के तौर पर जो भी रकम मैं कम्पनी को दे रहा हूँ वो कभी वापसी नहीं होगी अथवा मैं वापसी का दावा न करूँगा / न करूँगी ।

Signature of Card Member 
(I have read the terms & Conditions)

घोषणा :

मैं घोषणा करता हूँ / करती हूँ की कम्पनी द्वारा बनाये गए सभी नियमों को मैंने समझ लिया और मैं सोच समझ कर कम्पनी के सदस्यता ग्रहण कर रहा हूँ / कर रही हूँ सदस्यता फीस के तौर पर जो भी रकम मैं कम्पनी को दे रहा हूँ वो कभी वापसी नहीं होगी अथवा मैं वापसी का दावा न करूँगा / न करूँगी ।

Your First Purchase Coupon Category - "A"

CONGRATULATION !!! YOUR FIRST PURCHASE IS COMPLETE.
THE VALUE OF THIS COUPON IS EQUIVALENT TO
THE VALUE OF THE CARD OVERLEAF.
PLEASE SUBMIT TOGETHER WITH YOUR OTHER PURCHASE
COUPONS AND
COMPLETE YOUR CCC of Rs. 10,000 (THE COUPON IS VALID
SUBJECT TO THE REALISATION OF THE PAYMENT OVERLEAF)

Signature of Card Member 
(I have read the terms & Conditions)

THIS COUPON IS VALID 100 DAYS

MEMBERSHIP NO.....

(CARD HOLDER MAY PURCHASE BY SHOWING THIS RECEIPT)

NET INDIA SUVIDHA CARDS LTD.

Corp. Office : 1st Floor, Sri Ram Auto,
Rajganj Road, Katrasgarh, Dhanbad-828113

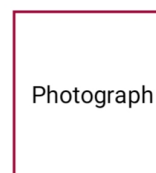
CLUB MEMBERSHIP DETAILS
HEALTH WITH WEALTH SCHEME

1. Name of the Member : Age []
2. Address :
3. Type of Card :
4. Total number of family members to be covered :
5. Period of Insurance : Form to (midnight)

Are the person proposed hereunder for insurance suffer from any illness / injury / physical defect or disability ?

Sl.No.	Name of the person proposed for the insurance	Age	Sex	Relation with Insurance	Signature

Photographs of persons proposed for insurance.



I / We hereby declare that the details / information furnished above are true to the best of my knowledge and belief.

BENEFITS

हेल्थ सुविधा :- इसके अन्तर्गत कार्ड धारी को कम्पनी की ओर से एक वर्ष के लिए क्लब मेम्बरशिप दी जाती है। जिसके माध्यम से कार्ड धारी अथवा उसके आश्रित बच्चे जिसकी आयु 18 वर्ष से कम हो। सुविधा एक माह बाद तत्काल होने वाली बीमारी जिसका इलाज भारत सरकार द्वारा पंजीकृत अस्पताल / नर्सिंग होम में हुआ हो। प्रथम वर्ष पुराने बीमारी अथवा किसी प्रकार के ऑपरेशन क्लेम नहीं दी जाएगी। जबकि आकस्मिक घटना में सभी प्रकार के खर्च को दिया जाता है। इस सुविधा के अन्तर्गत प्रत्येक व्यक्ति के लिए सहयोग राशि ₹ 10,000 / - दी जाती है। इसमें पुराने बीमारी को शामिल नहीं किया जाएगा (जैसे - कैंसर, शुगर, टी.बी.इत्यादी) यह सुविधा के लिए तीन बार तक ही लागू है तथा इसमें रिन्यूवल सुविधा भी उपलब्ध है।

नोट : रिन्यूवल के उपरान्त मातृत्व लाभ प्राप्त किया जा सकता है।

MEDICAL REIMBURSEMENT

The policy provides reimbursement of hospitalization expense upto Rs.70,000/- to an individual/family subject to the following sublimits :

- | | |
|--|-------------------|
| a) Room, Boarding expenses if admitted in ICU. | 100×30 = 3000/- |
| b) Dr. & Consultant, Specialists fees. | 2500/- |
| c) Medicine | 4500/- |
| d) Total expenses incurred for anyone illness/ injury. | upto Rs. 10.000/- |

DISABILITY COVER

If the earning head of the family is hospitalized due to an accident / illness a compensation of Rs 50/- per day will be paid per day of hospitalization up to a maximum of 10 days after a waiting period of 3 days.

United India Insurance Company Ltd.

G.J.P.A Yes ☐ Witness Name 1..... 2.....

दुर्घटना लाभ ...your life partner

नोट :- सुविधा प्राप्त करने के लिए इसके उत्तराधिकारी को मृत्यु प्रमाण पत्र तथा अपंग प्रमाण पत्र जमा करने के बाद ही इसका लाभ उठा सकता है। यह सुविधा कम्पनी एक वर्ष के लिए देती है। इसका लाभ सदस्यता तिथि तक लेने के लिए प्रतिवर्ष रिन्यूवल करना अनिवार्य है।

Signature of Card Member
(I have read the terms & conditions)