



Photograph of the Beneficiary
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**Application for Jaikisan Membership**  
**Know Your Customer**

Date: \_ / \_ / \_ \_ \_ \_

**Name of the Beneficiary:**

First Name																				
Middle Name																				
Last Name																				

**Address of the Beneficiary:**

Plot/House No.																				
Village/Locality																				
Block/Locality																				
Tehsil/City																				
District & State																				
PIN																				

**Contact details of the Beneficiary:**

Mobile No/ Telephone No (Mandatory)																			
E-Mail ID																			

**Other details of the Beneficiary:**

Mother's Maiden Name (Mandatory)																			
Date of Birth (Mandatory)	DD	MM	YYYY																

I would like to apply for jaikisan.org primary Membership.

Jaikisan Card no is																				
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Amount of Initial Load/Reload in the cyber wallet as Jaikisan Loyalty Points:-

Total:- Rs.

**Declaration:**

I hereby apply for the issue of a Jaikisan Card to me and declare that the information provided by me in this application form is true and correct and that I am a Resident Indian and am eligible to apply for this card. I accept that Jaikisan is entitled at its discretion to accept or reject this application without assigning any reason whatsoever. I have read the terms and conditions applicable to Jaikisan Card. I agree to be bound by these terms and conditions as may be in force from time to time. Upon any use at KSK or purchase via a point-of-sale/e-Commerce device/ Jaikisan Group Portals the amount available on the Card will be reduced by the amount of such /withdrawal /purchase plus service charges, if any. I undertake to sign on the signature panel at the back of the card immediately on receipt.

Date:

Signature of Beneficiary

**Introduction Details:-**

I/We.....having KSK no .....confirm that I am/are holder of Jaikisan Membership number .....of Jaikisan Unit of .....DSA/BSA for more than six month and personally know the beneficiary(s) for more than ..... Months/years and confirm his/her/their identity and address as stated above.

For Kisan Soochna Kendra

Signature of KSK/Member

**ATTACHMENTS:**

- 1.Proof of Address :Telephone bill/Electricity Bill/Water Bill/Voter card/ Adhar Card/Ration card/Passport
- 2.Proof of ID:Driving Licence/Voter card / Adhar card/Passport / Govt ID.
- 3.Date of Bith/ Education Proof: Xth Certificate & Last Education Certificate.