

**SHANU MOTORS**  
 "GATA NO 73A A7388,  
 CSB ROAD", SAURIKH, KANNAUJ, 209728, UP, India  
 State Code: 9 Contact: 05691-263010, , ,  
 GSTIN No: 09AAOPU0195N1ZS  
 Associate Dealer: Hero MotoCorp Ltd.

J-5351

**ESTIMATE**

Estimate No. 22718-02-REST-0126-41  
 Customer Name JITENDRA SINGH  
 VIN MBLHAW337SHJ31083  
 Insurance Company THE ORIENTAL INSURANCE CO LTD  
 HMCGL Card No

Date 06-01-2026  
 Contact No. 8115672468  
 Model SPLENDOR+ XTEC 2.0  
 Reg No. UP74AA53783  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	11	9.00	9.00	0.00	0.00	0.00	0.00	2,542.37
2	50803KST940S -GUARD LEG	87141090	Paid	527.12	11	9.00	9.00	0.00	0.00	0.00	0.00	527.12
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	389.83
4	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	11	9.00	9.00	0.00	0.00	0.00	0.00	2,050.00
5	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	1,055.99	11	9.00	9.00	0.00	0.00	0.00	0.00	1,055.99
6	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	671.19
7	K44446AAF000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	3,554.24
<b>Parts Total</b>											0.00	11,647.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	800.00	9.00	9.00	0.00	0.00	0.00	0.00	800.00	
<b>Jobs Total</b>											0.00	800.00

Parts Total	11,647.00
Labour Total	800.00
SGST (Parts) 9%	888.83
CGST (Parts) 9%	888.83
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
<b>Total</b>	<b>12,591.00</b>

Rupees in Words: Twelve Thousand Five Hundred Ninety One Only

Authorised Signatory

1. Terms Cash
  2. Prices & statutory levies prevailing at the time of delivery shall be charged
  3. Vehicles in this workshop are handled/driven and kept at owner's risk.
  4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
  5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
  6. vehicle may be inspected in Workshop premise or outside the premise
  7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
  8. All disputes subject to jurisdiction of SAURIKH Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information

22718 - Main W/S

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचनापत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / ~~मिनीलैबुररी~~ / सीटिचे  
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने के लिए व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	JITENDRA SINGH / MADAN MOHA. 8115672460 SINGH
2	Vehicle No. / वाहन संख्या	UP74AQ5779
3	Policy No. / पालिसी संख्या	252400/31/2026/63898
4	Period of Insurance / बीमा अवधि	29/11/2025 TO 28/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 05:00 AM
6	Place of Accident / दुर्घटना का स्थान	HIGHWAY KUT KE PASS
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SONU SINGH / MADAN MOHAN UP7420160005160
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	मेरा भाई मेरी गाडी से सौरिख गया था हाइवे के पास सौरिख कट पर सविस रोड पर अचानक से बाइक बौला निकल पडा जिससे मेरी गाडी में सामने से टक्कर हो गयी जिसमें मेरी गाडी गिरकर दबिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SHANU MOTORS SAURIKH C.S.B ROAD, SAURIKH, KANNAWJ 8896873786

Date / दिनांक : 06/01/2026  
हस्ताक्षर

दिलीप सिंह  
Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.B. No. 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. 252400/34/2026/62

Tel. No. \_\_\_\_\_

Period of Insurance 29/11/2025 TO 20/11

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

1. INSURED  
 (a) Name JITENDRA SINGH / MADAN MOHAN  
 (b) Address for correspondence NAGLA SARDAR, ISHAMPUR, KANNAU  
 (c) Telephone 8115672468

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTOCORP</u> <u>SPL + XTECH</u>	Engine No. <u>HA11FB5HJJ2556</u> Chassis No. <u>MBLHAW337SHJ</u> <u>3J083</u>	Registration No. <u>UP7GAQ</u> <u>5779</u>
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(a) Was the vehicle in proper working condition? NO  
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight	<u>NA</u>
(b) Unladen Weight	<u>NA</u>
(c) Weight of goods carried/Load Challan No.	<u>NA</u>
(d) Nature of permit	<u>NA</u>
(e) Nature of goods carried	<u>NA</u>
(f) Was the vehicle plying for hire	<u>NA</u>
(g) If Lorry/Jeep/Tractor, was trailer attached?	<u>NA</u>
(h) Number of passengers carried	<u>NA</u>
(i) Number of Passenger permitted	<u>NA</u>



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SONU SINGH SO MADAN MOHAN  
 (b) Age : 01-04-1994  
 (c) Address : NAGLA SARDAR, ISHAMPUR, KANNAUJ  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : BROTHER  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP7420J60005160  
 (h) Issuing Authority : ARTO KANNAUJ  
 (i) Date of Expiry : 26-07-2036  
 (j) Was the licence temporary/permanent : PERMANENT  
 (k) Details of endorsement/suspension, if any : NO  
 (l) Has he been involved in any accident before? : NO  
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 04/01/2026 05:00 PM  
 (b) Place : HIGHWAY KUT KE PASS  
 (c) Speed of vehicle at the time of accident : 50-60 km/hr  
 (d) Give a short description of the accident : मेरी गाड़ी मेरी गाड़ी में सोरिख गया था हाइवे कट के पास हाइवे रोड पर अचानक वाहन बुका निकल पड़ा जिसे मेरी गाड़ी में टकरा हो गयी और गाड़ी गिरकर दबि गयी।  
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FRONT/LEFT/RIGHT/BACK  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : SHANU MOTORS SAURIKH

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :  
 (b) Address :  
 (c) Full Details of personal injury sustained : NA  
 (d) Name and address of any person/hospital giving medical attention to injured person :  
 (e) Full details of property damaged : NA  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any
- (b) Did a Police Constable take particulars of The accident?
- (c) Was accident reported to Police? If not, Why?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NA

NA

10. THEFT

- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

NA

NA

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date 06/04/2026

Signature of the insured

*[Handwritten Signature]*



Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

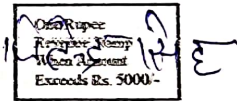
Issuing  
Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 200 \_\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. \_\_\_\_\_ insured under Policy No. \_\_\_\_\_ of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising **directly/indirectly** in respect of the said accident.

Rs. \_\_\_\_\_



Witness  
Name .....  
Signature .....  
Address .....

Signature JITENDRA SINGH  
Occupation FARMER  
Address NAGLA SARDAR  
ISHAMPUR, SAURIKH  
KANNAUJ, U.P., 209728

Bank Account Number 050211010003744  
Name of the Bank UTTAR PRADESH GRAMIN  
BANK

IFSC - BARB0BUPGBX  
MICR - 209454101



**FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989**

**PERSONAL OFFICE, MAHARAJ NAGAR, OUT. PUNJAB CINEMA MARKET, (GRT/M) 99AAAC (0417R423)**

Policy Type	PERSONAL OFFICE (MOTORIST) TWO WHEELERS (5 Years)	Policy Issued On	29-NOV-25
Policy No	252400/31/2026/63098	Original No & Date	P/151405/11/2026/147205286/14 & 29-NOV-2025
Agent/Driver Code	HAB00011144	Policy Period (OWN DAMAGE)	FROM 22-11-2025 TO MIDNIGHT OF 20-11-2026
Agent/Driver Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 22-11-2025 TO MIDNIGHT OF 20-11-2026
Insured Name	HITENDRA SINGH (GSTIN : )		
Insured Address	CHAMAN MOHAN SINGH RD NAGLA SARDAR,SIHAMPURJEANNAU, N.A.O		
	Less Breakdown No	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCYCLE	Vehicle	74083
Model & Variant	SPLENDOR - NTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year (Of Manufacture)	2025	Total IDV	74083
Engine - Chassis No	HA11FRSH1936 - MBLJAW37SHD1083	TMP CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone II - Rest of India
Seating Capacity	1-1	Geographical Area	
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3451
Elec. Accessories	0	Compulsory P.A. Cover Premium	0
Non-Elec. Accessories	0	P.A. Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	185.63	Legal Liability (W/C) no driver (IMT-28)	0
Geographical Area Extn (IMT-2)	0	Legal Liability to Employees (IMT-29)	0
Driving Traction Loading On OD Premiums (68%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Traction Loading On TP Premiums (68%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36R3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	3451
Auto Theft Device (IMT-28)	0	Total Premium (A+B)	4037
AAI Membership (IMT-4)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SPF Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Add-on Coverages		Gross Premium Paid	4763
NIL Depreciation	0		
Returns to Insuree	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net unad. Damage Premium (A)	186		

**Notes:**  
1. Policy Issuance is the subject to the realization of cheque.  
2. Consolidated Stamp Duty paid via Challan No.  
3. The Policy is subject to a compulsory Deductible of Rs (IMT-22).  
4. Voluntary excess (Reqd)  
5. Subject to Endorsements IMT.7,10,28.

Nominant Details:		Nominant Name		Age		Relation	
Payment Details:		Payment Method		Cheque No./Transaction No.		Bank Name	
Financier Type		Financier Name		Financier Branch		Amount	
POS Name		POS ID		POS PAN NO/Aadhar No		NA	

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as company's website.

The insurances under the policy is subject to conditions, exclusions, warranties, exclusions, MTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.co.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving license is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicle Act, 1988.

In witness whereof the undersigned being authorized by and on behalf of the company has/have herein to set his/their hands at 25/10/25 on 29-NOV-25

**IMPORTANT NOTICE**  
The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Exclusions:** as to motor cycle only for social domestic and pleasure purpose and the Insured's business. The Policy does not cover the loss for (1) Fire or explosion (2) Carriage of goods (other than samples or personal baggage) (3) Hijacking (4) Peace Making (5) Speed testing (6) Reckless driving (7) Use of the vehicle in connection with arms trade.

**Driver's Clause:** Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

**Limit of Liability Clause:** Under section III (a) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (a) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-driver is RS 0.

**No-Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year(s) preceding two consecutive years 15% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% of MCH on (A) premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This invoice excludes all pre-existing damage.

Handwritten signature in blue ink



## GOVERNMENT OF UTTAR PRADESH

**Transport Department  
Kannauj, Uttar Pradesh**



RECEIPT/APPL No: UP74D25110004918/UP25113036103295  
 Vehicle Class: M-Cycle/Scooter  
 Received From: JITENDRA SINGH  
 Receipt date: 30-Nov-2025  
 Chassis No: MBLHAW337SHJ31083  
 Transaction Id: UPY2511301036284  
 Remarks: ONLINE-PAYMENT

Vehicle No: UP74AQ5779  
 Sale Amount : 80517/-  
 Bank Ref No: CPAFYMBNE1

Particular	Amount	Fine/Penalty/Addl.Fe	Total
New Registration (RTO Side)	300	0	300
MV Tax(29-Nov-2025 to One Time)	8052	0	8052

**GRAND TOTAL (in Rs): 8352/- (EIGHT THOUSAND THREE HUNDRED AND FIFTY TWO ONLY)**

**Note--** This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

( Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid. )

MANISH KUMAR GUPTA  
ASHA MOTORS



## GOVERNMENT OF UTTAR PRADESH

**Transport Department  
Kannauj, Uttar Pradesh**



RECEIPT/APPL No: UP74D25110004918/UP25113036103295  
 Vehicle Class: M-Cycle/Scooter  
 Received From: JITENDRA SINGH  
 Receipt date: 30-Nov-2025  
 Chassis No: MBLHAW337SHJ31083  
 Transaction Id: UPY2511301036284  
 Remarks: ONLINE-PAYMENT

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MANISH KUMAR GUPTA  
ASHA MOTORS



**Indian Union Driving Licence  
Issued by Uttar Pradesh**

**UP74 20160005168**



Issue Date: **03-04-2021**    Validity (NT): **26-07-2036**    Validity (TR): \_\_\_\_\_



Holder's Signature

Date of First Issue: **(27-07-2016)**

Name: **SONU SINGH**  
 Date of Birth: **01-07-1994**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **MADAN MOHAN**  
 Address:  
**NAGLA SARDAR PO- ISHAMPUR CHHIBRAMAU**  
**Chhibramau, Kannauj, UP 209728**

Organ Donor: **N**

**DL No: UP74 20160005168**

UPDL000005423878



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP74	27-07-2016	NT			
	LMV	UP74	03-04-2021	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP74 KANNAUJ**



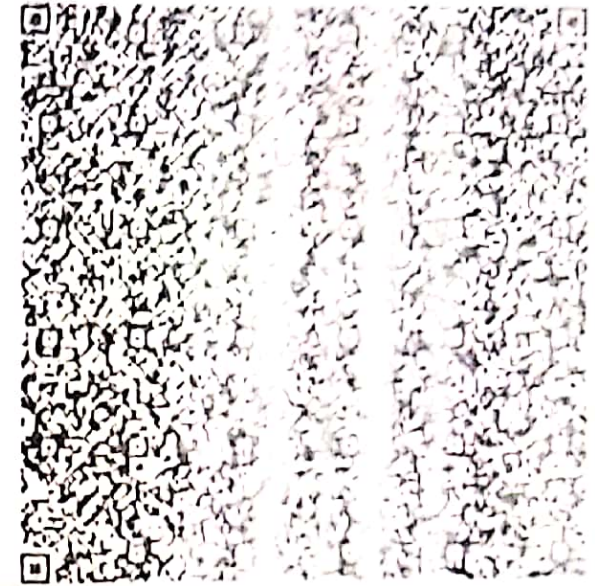
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**TXNPS8300E**



नाम / Name

**JITENDRA SINGH**

पिता का नाम / Father's Name

**MADAN MOHAN SINGH**

जन्म की तारीख /

Date of Birth

**01/01/1989**

जितेंद्र सिंह

हस्ताक्षर / Signature

27062025





भारत सरकार  
Government of India



जितेन्द्र सिंह  
Jitendra Singh  
जन्म तिथि / DOB : 01/01/1989  
पुरुष / Male



9245 9902 7097

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: मदन मोहन सिंह, नगला  
सरदार, सौरिख, इशामपुर, कन्नौज,  
इशामपुर, उत्तर प्रदेश, 209728

Address:  
S/O: Madan Mohan Singh, nagla  
sardar, saurikh, Ishampur,  
Kannauj, Ishampur, Uttar  
Pradesh, 209728

9245 9902 7097

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

द्वारे में

द्वारे से केवाईसी मानदंडों का अनुपालन हेतु पहचान आवश्यक है, जो कि  
लिखित जा सकते हैं:

1. संयुक्त रूप से), 10 वर्ष और उससे अधिक आयु के नाबालिग, एवं 10 वर्ष से कम  
अपने अभिभावकों के साथ।

2. सरकारी नियमों के अधीन गठित क्लब, सोसाइटी, मधिष्य निधि और न्यास,

बैंक या व्यापारिक संस्था जैसे-साझेदारी, स्वामित्व प्रतिष्ठान, कंपनी, एचयूएफ,

को बचत खाता खोलने की अनुमति नहीं होगी,

की जमा राशि या स्वीकारी जाएगी.

ता दो वर्षों तक परिचालित नहीं किया जाता है, तो वह निष्क्रिय/अपरिचालित बन

र खाता निष्क्रिय हो जाता है. उसमें केवल जमा से संव्यवहार की ही अनुमति होगी.

ए ग्राहक को खाता सक्रिय करने के लिए नये केवाईसी दस्तावेज प्रस्तुत करने होंगे.

द्वारे पर निर्धारित अंतराल पर ब्याज का भुगतान/दैनिक अंतिम शेष के आधार पर

द्वारे राशि निकाली जा सकती है.

द्वारे में 50 से अधिक नामों (सेवा प्रभारों को छोड़कर) की अनुमति नहीं होगी.

9 से अधिक हो जाती है तो निर्धारित सेवा शुल्क लिया जाएगा.

म पर चेकों की वसूली की जाएगी.

द्वारे अनुदेश स्वीकार किया जाता है.

सूली नहीं की जाएगी.

तथा इसके खो जाने संबंधी सूचना तत्काल दी जाए.

1 शेष और इसके पूर्व के लेन-देन की यथार्थता भली भांति जांच लेनी

द्वारे तत्काल दी जाए अन्यथा बैंक द्वारा यह मान लिया जाएगा कि  
द्वारे को स्वीकार्य हैं.



## उत्तर प्रदेश ग्रामीण बैंक UTTAR PRADESH GRAMIN BANK

Customer ID : 152321933  
Account No : 050211010003744

A/c Holder : MR JITENDRA SINGH

Occupation : FOR UPLOAD  
Operation Mode : SELF

Comm Address : Village-ISHAMPUR, Panchayat-HARBHANPU  
Block-SAURIKH, Dist-KANNAUJ

Pin 209728

Nominee Added : NO  
A/c Open Date : 16-06-2020  
IFSC Code : BARBOBUPGBX  
MICR Code : 209454101



शाखा प्रबंधक/BRANCH MANAGER