

BONANZA PORTFOLIO LTD.

KINDLY FILL THE COMPLETE FORM IN CAPITAL LETTERS
THE CLIENT SHOULD FILL OWN PARTICULARS IN HIS/HER OWN HANDWRITING

Place:

DIET ID REQUEST FORM

Date:

Unique Client Code :

Branch Prefix :

Branch Address :

Branch Contact Person :

Branch Contact No.: Mobile :

Landline:

Client Phone No. Mobile:

Landline :

Client's Name :

Client's Email id. :

Client's Father's Name :

Client's Husband's Name :
(in case of married woman)

Client's Date of Birth :

Client's Residential Address :

Client's Permanent Address :

Client's Business/Office Address:

Client's Qualification :

Client's PAN (Photocopy Attached & Signed) : _____ (verified by Branch person)

I, NAME OF CLIENT agree to pay DIET ID charges of Rs.500/- per month.

I/WE FURTHER UNDERTAKE TO KEEP MY/OUR USER ID & PASSWORD AS SECRET FOR USE BY ME/US ONLY AND I/WE SHALL BE SOLELY RESPONSIBLE FOR LEAKAGE OF USER ID & PASSWORD TO ANY OTHER PERSON AND CONSEQUENT WILLFULL OR OTHERWISE USE OF MY/OUR DIET ID BY ANY OTHER PERSON AND FURTHER I/WE SHALL BE SOLELY RESPONSIBLE AND LIABLE FOR THE ASSOCIATED AND COLLATERAL CONSEQUENCES/DAMAGES ETC.

.....
(Signature of Client)

.....
(Signature of Branch Head)

ALL FIELDS ARE MANDATORY. Request for ODIN DIET id. should come from client's email id. to diat@bonanzaonline.com with cc to respective branch's/regional office's e-mail id.