



VOLUNTARY DEPOSIT SCHEME APPLICATION FORM

Date:

**To,
MAHANAGAR GAS LIMITED
158/Dani Corporate Park,Dani Mill Compound,
Vidyanagri Marg, Kalina,
Santacruz (E)
Mumbai-400098
Phone: 26547200**

I, _____ consumer of your company would like to opt for Voluntary Deposit Scheme (VDS) and deposit Rs. _____ with the following details. I have read and understood the terms and conditions of VDS and would abide with the same.

1. CRN No.:
2. Bill No.:
3. Name:
4. Address:
5. Tel. no. (R): M
6. E-mail ID:
7. Particulars of Payment:
8. Bank Name:
9. Branch Name:
10. Cheque No. : Cheque Date:
11. Payment Details: (in figures)
12. (In words) _____

I confirm that above particulars are true and correct.

Date:
Place:

Signature of the Consumer