

Baba Sai Kripa Co-Op. (U) T&C Society Ltd.



Registered Under, Delhi Co-Operative Societies Act. 2003, Regd. No. 10723/ Section -1/TC
D-41/A Gali No. - 09, West Vinod Nagar, Delhi-110092

Membership Form

Date : ____/____/____

Membership No.

Paste
Passport
Size
Photo Here

To,
The Secretary/President,

Dear Sir/Ma'am,

I apply for admission as a member of your society. I understand the Rules & By-laws of the Society and hereby agree to abide by them and any subsequent modifications thereto. I also hereby declare that I am neither a member of any other Co-operative Thrift & Credit Society operating or working in the State of Delhi nor taken any kind of Loan which is outstanding as on date. I request that the Managing Committee may please allot me ____ Shares of Rs. 500/- each and I also agree to deposit Rs. 200/- per month on account of Compulsory Deposit as well as Admission Fee of Rs. 100/- and other sums towards Building Fund, Welfare Fund, Miscellaneous Receipts etc. as applicable on the date of my admission as Member. I hereby nominate the following person to whom all money due to me by the society or payable by me to the society, in the event of my death, maybe paid or recovered as the case may be.

1. Applicant's Name (Capital Words) : _____

2. Father's/Husband Name (In Capital) : _____

3. Mother's Name: (In Capital) : _____ 4. Date Of Birth: _____

5. Aadhaar / DL / VC No : _____ 6. Pan No. _____

7. Mobile: _____ WhatsApp No : _____

8. Email Id: _____@gmail.com

9. Present/Cor. Address: _____

Pincode _____

10. Permanent Address: _____

Pincode _____

11. Residence: _____ 12. Monthly Income: _____ 13. Qualification _____

14. Employment: _____ Name & Add of the Employer/Business: _____

Pincode _____

15. Nominee Name: _____ 16. Relation : _____ 17. Age _____

18. Nominee ID & Number : _____

20. Introducer Name: _____

21. Mem.No.: _____ Intro. Sign. _____

Applicant's Sign.

For Office Use Only

Admitted Shri/Smt./Miss. _____ As a Member of the Society vide Resolution

No. _____ Case Book Dt & M.C. Meeting date: _____ and allotted Membership No. _____

PRESIDENT/SECRETARY/MANAGER