

New Awadh Co-operative (Urban) T/C Society Ltd.

Regd. office: D-1/280, Gali No. 13, Ashok Nagar Delhi-110093

APPLICATION FOR MEMBERSHIP

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Phone: 9910860677

Dear Sir,				
I,(name in block wish to become a member of the Society. My particulars are given below in (in block				
Father's/Husband's Name				
Name of Spouse (If Married)				
Date of Birth		Gender M F		
Residential Address				
	Mob. No.:	Mob. No.(House)		
Permanent Address				
Qualification				
Aadhar No. / Voter ID / Passport No.				
PAN No.:				
E-Mail Address				
Residential Proof (Electricity /Water/Telephone Bill/Rent Agreement)				
Occupation	N	Monthly Income :		
Name of the Office				
in which employed /own				
business with full Address				
Bank Name		Branch :		
Account No.				
IFSC No.		Signature		

Particulars of Nominee				
Name :				
S/D/W/o Sh. :				
Relationship:				
Age :				
Mobile No. :				
I have carefully read the bye-laws and rules of the Society and hereby agree to abide them. I am not a member of any other Co-operative Thrift & Credit society with limited or unlimited liability. All amendment in the bye laws, rules & regulation of the society from time to time shall be applicable to me. I will not in any case apply to withdraw my membership from above memorial society till one year. All information are furnished by me on the application from for the purpose are true and Correct				
I am a resident of				
Your's faithfully				
Signature				
Date :				
INTRODUCER DETAILS				
I Know Mr/Mrs				
Having Regard to the Object of the Society & The Right Obligation & Responsibilities of The Member.				
I Am of The Opinion That He/She is Fit & Suitable Person For Admission As A Members.				
1. Name:				
3. Mobile No. :				
FOR OFFICE USE ONLY				
Membership No Date :				
Receipt No Received By				
Membership is as approved as per the proposal passed in the meeting of Managing Committee held on Dated				
noid on Dated				
(Manager) (President/Secretary)				