ARYAVRAT CO-OPERATIVE (U) THRIFT & CREDIT SOCIETY LTD.

Office: 415 Ground floor, Gali Mata wali, Teliwara, Near Azad market, Delhi – 110006 Email id: <u>aryavrattcsociety@gmail.com</u>, PHONE NO.: **9310477166, 9899041920** Website: https://aryavrat.tcsociety.in/

APPLICATION FOR MEMBERSHIP



Dear Sir,

In terms of Rules/Bye-laws of the Society, I hereby apply for admission as a member of The Aryavrat Co-Operative Urban Thrift & Credit Society Limited. I agree to abide Act/Rules/Bye-Laws and any subsequent modifications thereto of the Society. I declare that I am not a member of any other Thrift &Credit Co-Operative Society in violation of Rules No. 23(1) of Delhi Co-Op Society Rules 2007 nor taken any kind of Loan which is outstanding as on date. I request the Society to allot me **20 shares of 100/- each**. I agree to pay **100/-per month** as Compulsory Deposit. You are also requested to open an Optional Deposit Account in my name in the Society.

1.	Full Name									
2.	Age(yrs)		DOB					Gender	Μ	F
3.	Father/Husband									
	Name									
4.	Present Address									
		*Own () *F	Rented	()					
	Contact Number	М.		М.				R.		
5.	Permanent									
	Address									
6.	PAN NO.			ADHA	R					
				NO.						
7.	Driving License			Emai	I					
	NO.			ID						

8.	Occupation:	Monthly Income						
	Service:		Business:					
	Government (), Private ()	Proprietor	(), Direct	or ()		
	Public Sector (), Other ()	Partner (), Self En	nployed ()		
9.	Name & Address of Office -							
	Contact -							
	Designation -	I Card No		Own ()	Rented ()		
	Date of		In case of rent,					
	Retirement -		rented since					

DATE			Signature of Applicant ———>

NOMINEE

I Nominate the below mentioned person under rule 30 of the Delhi Co-operative Societies Rule 2007 as my nominee to whom all money due on me of the Society or payable amount by me to the Society, may be paid or recovered, in the event of my Death or permanent insanity or in case of me as defaulter in the society.

Name	Age / DOB	Gender	Μ	F	
	Address				
Relation					

INTRODUCER

I Know Mr/Ms/Mrs______.Intimately. He/She has signed the application in my presence. I am of the opinion that he/she is fit and suitable person for admission as a member.

Signature	Name		Address	
A/c No	Phone	2	Email	

Note -> This form must be approved by any managing committee member otherwise the Applicant can't be the member of the society.

VERIFICATION

I solemnly affirm and declare that I am competent to contract and do not suffer any disqualification as defined in Rule 20 of the Delhi Co-Op Societies Rules 2007.

I solemnly declare that statements/particulars submitted above are correct and true to the best of my knowledge and belief and nothing has been concealed there from.

I undertake to observe proper discipline and work in the best interest of the Society.

It is within my knowledge that I shall be entitled for a loan from the Society after three months from the date of membership.

Signature of Applicant _____

Documents required with membership form:

- 1. 3 PHOTOGRAPHS
- 2. SELF ATTESTED COPY OF ADHAR CARD
- 3. SELF ATTESTED COPY OF PAN CARD
- 4. SELF ATTESTED COPY OF ADHAR CARD OF NOMINEE [FAMILY RELATION ONLY]

Admitted/Rejected vide Resolution No _____. Of the Managing Committee held on _____.

Hon. President / General Secretary