

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

Office: 415 Ground floor, Gali Mata wali, Teliwara, Near Azad market, Delhi – 110006

Email id: aryavrattcsociety@gmail.com , PHONE NO.: 9310477166, 9899041920

Website: <https://aryavrat.tcsociety.in/>

APPLICATION FOR MEMBERSHIP

(Note: The form must be filled in with a Blue Ball Pen only, and no overwriting or cutting will be accepted.)

To,
The Hon'ble General Secretary,
The Aryavrat Co-Operative (Urban)
Thrift & Credit Society Ltd.
Delhi – 110006

Signature →

Your colour
photograph
here

Dear Sir,

In terms of the 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 Rule No. 23(1) of the Delhi Co-Op Society Rules, 2007, nor have I taken any kind of loan that is outstanding as of the present date. I request the Society to allot me **60 shares of ₹ 100 each**. I agree to pay **₹ 100 per month as a 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	M
3.	Father/Husband Name					
4.	Present Address					
	*Own () *Rented ()					
	M.		M.		R.	
5.	Permanent Address					
6.	PAN NO.		AADHAAR NO.			
7.	Driving License NO.		Email ID			

8.	Occupation:			Monthly Income	
	Service: <i>Government</i> (<input type="checkbox"/>), <i>Private</i> (<input type="checkbox"/>) <i>Public Sector</i> (<input type="checkbox"/>), <i>Other</i> (<input type="checkbox"/>)		Business: <i>Proprietor</i> (<input type="checkbox"/>), <i>Director</i> (<input type="checkbox"/>) <i>Partner</i> (<input type="checkbox"/>), <i>Self-Employed</i> (<input type="checkbox"/>)		
9.	Name & Address of Office -				
	Contact No.-				
	Designation -	I Card No.		Own (<input type="checkbox"/>) Rented (<input type="checkbox"/>)	
	Date of Retirement -		In case of rent, rented since		

DATE Signature of Applicant →

NOMINEE DETAILS

I Nominate the below-mentioned person under rule 30 of the Delhi Co-operative Societies Rules, 2007 as my nominee to whom all money due to me from the Society or payable 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 a defaulter in the society.

Name		Age / DOB		Gender	M	F	
Relation		Address					

Signature of Nominee → Signature of Applicant →

INTRODUCER DETAILS

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

Signature		Name		Address	
A/c No		Phone		Email ID	

Note: This form must be approved by any managing committee member; otherwise, the applicant cannot be admitted as a member of the Society.

VERIFICATION & DECLARATION

I solemnly declare that I am competent to contract under the Delhi Co-operative Societies Rules, 2007. I confirm that all information furnished by me is true and correct and that nothing has been concealed. I understand that furnishing false or misleading information is punishable under Section 118(1) of the Delhi Co-operative Societies Act, 2003.

I further undertake to abide by the Rules, Bye-laws and act 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 the membership form:

1. 3 PHOTOGRAPHS
2. SELF-ATTESTED COPY OF AADHAAR CARD
3. SELF-ATTESTED COPY OF PAN CARD
4. SELF-ATTESTED COPY OF OFFICE I-CARD
5. SELF-ATTESTED COPY OF AADHAAR CARD OF NOMINEE
[Nominee Must Be A Family Relation And At Least 18 Years Old]
6. ONE CANCELLED CHEQUE OR A COPY OF THE FIRST PAGE OF THE PASSBOOK
[Showing Bank Account Details]

[FOR OFFICE USE ONLY]

Mr./Mrs./Ms. _____ has been admitted / rejected as a Member of the Society and allotted _____ Shares, vide Resolution No. _____ passed in the Managing Committee Meeting held on _____. Membership No. _____ has been allotted (if admitted), against Receipt No. _____. Date of Application (Form Filled On) _____.
Date of Membership Approval _____.

Hon'ble President / General Secretary