

DELHI SUBH DHAN VARSHA CO-OPERATIVE (U) T & C SOCIETY LTD.

Regd No. 10533 NCT of Delhi Govt. REGD OFFICE : 12/271, KALYANPURI, DELHI-110091 Ph. 011-69999888 (M) : 9953470285 E-mail : delhisubhdhanvarsha10533@gmail.com

ACCOUNT OPENING APPLICATION FORM

Application Date									Mc	mho	chin /	Accou	nt No									
Application Date Membership Account No.																						
	The Secretary / President																Photo					
																Photo						
Dear Sir,	Dear Sir,																					
I Wish to apply for admission as member of your Society, I understood the rules & Bte-lawss of the society and hereby to abide by them																						
and any subsequent modification thereto. I also hereby declate that I am neither a member of any other Co-operative Thrift & credit Society Operating or workomg in the state of Delhi nor taken any kind of Ioan which is outstanding as on date.																						
operating of workening in	110 510		Dennino	i tuno	in any Ki			01110 00	totunui	ng uo v	in auto.											
I request that the Managing committee may please allot me minShares of Rseach and also agree to Depositt Rs. 300/-																						
per month on account of Comulsory Deposit as well as Admission fee Rs. 50/0 and other sums towards building fund, Kalyan Fund																						
Musc, Exp. etc. as application of the date f my admission as Member.																						
Name of Applicant	(in Fu	ll an	d Bloc	k Lat	ter)																	
Name of Father's / Husband's																			_	_		
Date of Birth						1	Age			MAL	.E	F	EMALE		Na	tion	ality		+	+		
Occupation							In	come					PAN						_	-		
Married Status	ied Status Married Unma			narried	b							If Married										
Mailing Address / P	rocon	+ A d	droce																			
Flat No. & Bidg.	resen	IL AU	uless																			
Road Name & No.				-		_				-		-						-	+	+	-	+
City / State	-	-		+-			-		-	AD	HAAR	NO.						-	+	+	+	
Contact Phone / Mo	bile N	lo.		+			-								Р	N C	ode	-	+	+	-	
E-mail ID															Country					-		
Permanent Address	s if sa	me a	s Mail	ing A	ddres	s			_													
Flat No. & Bidg.				_	+ +	_	-					_							_	_		
Road Name & No.	_			_			+		_	-		_			_			_	+	+		
City / State				-	+ +	_	-		_	-	_						ode ntry	-	+	+		
Office Address																						1
Flat No. & Bidg. Road Name & No.				+-	+ +		+			-								-	+	+	+-	
City / State		-		+			+		-	-					P	N C	ode	-	+	+	-	
Contact Phone / Mo	bile N	lo		-			-			-							ntry		+	+	+	
								NOM	IINA	ΓΙΟΝ	I											
I hereby nominate th							oney o	due to	me the	e soci	ety pa	yable I	by me to	the s	ocie	ty ir	the o	event	of m	у		
death may be paid or recovered as the case may be																						
Name of Nominee				_		_	_					_	Relation			-	_		_	\rightarrow	_	
Occupation	. –						-			-			Age		_	-	-		\rightarrow	+		_
Nominee in Minor's	Name	of Ai	nother	Nomi	nee						Aadl	har No	•									
Introducation Details	s :																					
Intriducer Name																Men	nbers	hip N	о.			



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