

## **SUVIDHA CO-OPERATIVE THRIFT & CREDIT SOCIETY LIMITED**

[Registration No.-13(T&C)] 211-213, Vardhman Diamond Plaza, Deshbandhu Gupta Road, Paharganj, New Delhi-110055 Phone-+91-11-40533240, Mobile No.-+91-9311337790

Email: <a href="mailto:suvidhasociety2000@gmail.com">suvidhasociety2000@gmail.com</a> website-www.suvidhasociety.com

## **For Office Use**

Amour	nt Received ₹	Membership No.:
Vide C	ash/Cheque No	Share Certificate No.:
dated.	/drawn on Bank	Total No. of Shares:
Branch	h	Distinctive No. of Shares:
Receip	ot No//	
	APPLICATION FO	PR MEMBERSHIP
_		
То		
The Pre	esident/Secretary,	Two
	a Co-operative Thrift & Credit Society Limited,	
	3, Vardhman Diamond Plaza, Desh Bandhu Gu	ipta Road,
_	anj, New Delhi – 110055. Iadam/Sir,	`
Dear IVI	iaudiii/Sii,	
I hereb	by apply for membership of the Suvidha Co-o	perative Thrift & Credit Society Limited, Vardhman
		ij New Delhi. I have understood the Rules and Bye-
		ereby declare that I am not a member of any other
•		Bank. I declare that I have understood the break-up
		ds Share Money, Compulsory Deposit and one time
	•	membership. I also agree to pay ₹. 200/- (Rupees two Deposit (CD) to the Society. My particulars are given
	(to be filled / co-signed by Parents/ Guardian i	
1.		
2.		
3.		.  -
4.	Present Residential Address:	
		Die Cada I I I I I I
_		Pin Code   _ _ _ _
5.		
6		
6.		_ _  (Attach self-attested photocopy)
7.	E-mail address:	
8.	Telephone/ Mobile Nos.:	
	(i). Residence: +91-  _ _	_!_!_!_!_!
	(ii). Office: +91-  _ _	_ _ _ _ _
_	(iii). Mobile: +91-  _	
9.	Bank Account No.:  _ _ _ _ _	_ _ _ _ _
10.	Name of Bank & Branch:	(Cancelled cheque to be attached)

11.	Occupa	ation ( <u>tick in appropriate box</u> )
	Service	Business Professional Homemaker Retired
	Others	Please specify
11/2)		d Persons:
11(a).	(i)	Name and Address of Office:
	(1)	Name and Address of Office.
	(ii)	Designation:
	(iii)	Date of Appointment:   _ -  -    Permanent / Temporary
	(iv)	Monthly Salary: (a) Basic Pay: ₹/- (b) Total Pay: ₹/-
	(v)	PAN   _ _ _ _ _ _  (Proof to be attached)
11(b).	Busines	ss/ Professional/ Retired Persons/ Home Maker/ Others Persons:
	(i).	Full name, Designation & Address of the firm /office last attended etc
	/ii\	Partnership / Sole-Proprietor / Others, please specify:
	(ii) (iii)	Monthly Income/ Pension: ₹/-
	(iv)	PAN
	(v)	PPO No.   _   _   _   _   _   _   _   _   and Date of Retirement
	(vi)	Source of income (Home Makers / Others)( <i>Proof to be attached</i> )
12.		ation under the Delhi Co-operative Societies Act, 2003:
	(i)	Name of the Nominee: Mr. /Mrs./Minor
	(ii)	Relationship with the Nominee:
	(iii)	Date of birth:   _ -  _ _
	(iv)	Present Residential Address:
	(,,)	Permanent Address:
	(v)	reillatient Address.
		Pin Code   _ _ _ _
	(vi)	Aadhar No.:
I solem	nly decl	are that the statements/particulars submitted in this application for membership of the
Society	are cor	rect to the best of my knowledge and belief.
		Signature of Applicant
Date:		(Name)
Note:	Please 6	enclose "Two Passport size Photographs", "Proof of Residence" and "Proof of Income"  Introduction by an Existing Member of the Society
		introduction by an existing Member of the Society
I knov	v Mr./N	Mrs./Ms who has signed the
applica	tion in	my presence and having read the objectives of the Society, rights, obligations and
		of members, I am of the opinion that he/she is fit and suitable person and I recommend
for his/	her mer	mbership of this Society.
		Signature:
		Name of the member:
		Membership No.:DateDate
		Recommendation of Managing Committee Member
The ap	plicant is	s known to me personally/through other members of the Society, and his/her address has
been v	erified fr	rom the documents produced before me. Recommended for membership of the Society.
Place		
		// Signature & Name of Managing Committee Member
	-,	JISTIALALE OF MATHE OF MATHE CONTINUED METHOD

