

DHAN SAHYOG CO-OPERATIVE (U) THRIFT & CREDIT SOCIETY LTD. (Registered under Delhi Co-operative Society Act, 2003 vide Regn. No. 10419/AR/Sec-2/TC/2016 Date 19-08-2016)

(Registered under Delhi Co-operative Society Act, 2003 vide Regn. No. 10419/AR/Sec-2/TC/2016 Date 19-08-2016)
REGD. OFF.: A-623, GALI NO. 15, PART-II, A-BLOCK, SONIA VIHAR, DELHI-110094
MOBILE: 8373992377

Branch :																																
To The Secretary / President, Dear Sir, I apply for admission as a Member of your Societ																																
the wo	nderstand the Rules & Bye-laws of the ere to. I also hereby declare that I am norking in the State of Delhi not taken an equest that the Managing Commitee materials and the Managing Commitee may be some sount of the state of t	So eith y ki ay pof of co	ciety nd con leas comp , etc	y an of Lo se a puls c., as	d hemboan allot ory s ap	wh me De oplie	of a nich epo: cab	is sit	oth out Sh as v	star star are well the	Co- ndii s c as	opr ng a of Rs Adi	ati	on o	Trift dat on l	ft & e. Fee	ea	ach of I	lit S	nd . 60	l a	lso	ag nd	gre otl	e to	or	ms					
1.	Name of Applicant Mr./Mrs./Miss	:						T	T	T	T				Т	T	7		_	Т			T	T				Т	Т	_	7	
2.	Father's / Husband's Name	:						T	T	T	T					T	7			T				T				T	T		7	
3.	Mother's Name	:						T	T		<u> </u>					_	1			_	_			+					<u></u>		-	
4.	Date of Birth	: [,		T		_	T					T	_			+	_			+	1				_	+	7	
5.	Sex / Gender	: [_		_				-	_	_			_	_			+	_				_		7	
6.	PAN No.	: [_	_	_					_	<u> </u>			T	_			_	1				_	_	7	
7.	Monthly Income	: 3	-									/= ((00	CUI	naf	ior		Se	rvi	ce	/B	ıısi	ne	-	/01	the	rs)				_	
3.	Present / Correspondence Address	nthly Income : ₹/= (Occupation : Service/Business/Others) sent / Correspondence Address : H.NoBlockGali No																														
		Near by																														
																		Pin Code														
9.	Permanent Address																						_ Teh									
												tate																				
10.	Phone/Mobile/Contact No., If any																														-	
	E-MAIL	none/Mobile/Contact No., If any : (M)(R)(O)(O)															-															
12.	Name & Address of the Employer	lame & Address of the Employer :																														
	or Business	_																														
13.																																
	Name of the Nominee Age of Nominee Years																															
	मैं वचन देता हूं कि मेरे परिचय से बनाए गए सदस्यों पर किसी भी प्रकार की परेशानी आती है तो सोसाइटी को पूरा सहयोग करूंगा। 4. Signature of Introducer																															
10.	Membership No Mobi	ie r																		(5						App)			
	nitted Shri/Smt./Miss																															
	a Member of the Society vide Resolution																PI	RE	SII	DEI	NT	7/51	EC	RE	TA	RY	/M.	AN.	AG	ER		
Vot Am	e Book Dt. & M.C. Meeting Datee Required Documents: Photo Copy Electric Count Payable for New Members nission Fee Rs. 100/-, K/Fund Rs. 200 nbership Closing Charges Rs. 200/-,	c Bir	as Bld	Un a. F	Bill	/ P/	AN	Car hai	d/Are N	ladh lon	ey	Rs.	1 (0	Com	-	M	D		201	11	0	IF	m-	4	00	- (F	Ref Re	une	dak	ole) ible))	
SP	ECIMEN SIGNATURE CARD																													-		
Name of Applicant																Signature																
a	her's/Husband's Name										ss Sign on to is must					Signature																
ЛО	bile No				L	Signature																••••										

Signature

Membership No.