

Date **Application for Membership**

Application Form Number

To,

THE GATS URBAN COOPERATIVE THRIFT AND CREDIT SOCIETY LTD.
Corporate. Office : 1st Floor, Jandu Tower, G.T. Road, Miller Ganj, Ludhiana-141003

(Please Fill the form in Capital Letters only)

Branch

Branch Code

Please affix
your self
attested
PP size
photograph

Membership Number

Membership Fee Rs.

Membership Receipt No.

Reference Membership No.

Reference Membership's Name

Signature

Sir,

I/We, would like to apply for the ordinary membership in your Society and would also like to purchase _____ shares of ₹ 100/- each as per the bye-laws of the Society.

Accordingly I/We am/are hereby submitting an amount of ₹ _____ which includes ₹ 10/- as membership / admission fee and request for _____ number of allotment of shares. I/We will accept even lesser number of shares allotted to me/us then the applied numbers.

I/We hereby confirm that I/We shall abide by existing bye-laws of the Society and I/We shall also abide by such changes in the bye-laws as may be made from time to time in future. I/We am/are giving below detailed information about myself/ourselves and confirm that all the information is given are correct. I/We also confirm that I/We am/are eligible to become a member of the Society on the basis of the bye-laws of the Society and I/We am/are firmly state that I/We am/are not a member of any other credit co-op Society.

Name (Mr./Mrs./Km./Ms.)*

Date of Birth*

*Gender : Male Female Others

Father's Name*

Mother's Maiden Name*

Marital Status (Please Tick)*

 Single Married Others

Date of Marriage

Spouse (Husband /Wife) Name*

Age

Present Residence Address*

Pin Code

Permanent Address*

(Same as Above)

Please Tick in box

Pin Code

Qualification*

Occupation

Mobile Number*

Telephone Number

AADHAAR NO.

PAN

DRIVING LICENCE

VOTER ID

PASSPORT

(Mandatory in case of NRI)

E-mail :

Bank Details

Bank Name

Account Number

Branch

Type of Account

 Saving Current

IFSC Code

Nominee Name (Mr./Mrs./Km.)

Relation with Applicant

Nominee's Date of Birth

or Age

(Please note that xerox copies of valid ID, Age & Address Proof is mandatory with this application form)

Detail of Dependents:

Sr. No.	Name	Age	Gender	Relation	Single/ Married	Profession	Dependency ; Fully / Partially
1							
2							
3							
4							

1st Reference:

Name _____

Mobile No. _____

Address _____

2nd Reference:

Name _____

Mobile No. _____

Address _____

Self Declaration

1. I have not been declared of unsound mind.
2. I have good credit worthiness in the market and have not at any time suspended payment to my creditors.
3. I possess good health and as such, can carry on the duties assigned to me.
4. I am an honest and hard working person and bear a good character and have never been convicted by a competent court for any offence involving moral turpitude.
5. I don't have any criminal record nor there is any criminal proceeding pending against me in any court of Law and I am also not involved in any terrorist or smuggling activities.
6. I applicant, do solemnly declare that the details given above are true to the best of my knowledge and information.

(Signature of Applicant)

For Office Use Only

The above contents are checked and verified by

Approved by Executive Committee/Membership Committee on dated through proposal of

Mr./Mrs./Km./M.s. _____ His/Her Membership No. is

The amount of shares allotted to you and ordinary membership fee has been received by the Society. The Share Certificate will be issued shortly.

Signature.....

Branch Manager

Emp. Code.....

Secretary