

THE RAGHAV CO-OPERATIVE THRIFT & CREDIT SOCIETY LTD.**SHOP NO.1, WZ-60, JAWALA HERI, PASCHIM VIHAR, NEW DELHI-110063**

PHONE NO.: 011-25270482, 011-25277149

KNOW YOUR MEMBER FORM

<u>PASTE</u>
<u>HERE</u>
<u>YOUR</u>
<u>RECENT</u>
<u>PHOTOGRAPH</u>

FORM NO.: _____ & DATE _____ (for office only)

INTRODUCE BY: _____ (office use only)

MEMBERSHIP DATE: _____ (office use only)

SOCIETY MEMBERSHIP NO.: _____

FULL NAME: _____ S/o,D/o,W/o SH.: _____

GENDER (Male/Female): _____ MARTIAL STATUS (Married/Unmarried/Divorcee): _____

ADHAAR NO.: _____ FORM 60/PAN NO.: _____ D.O.B.: ___/___/___

AGE: ___ RELIGION: _____ CATEGORY: _____ QUALIFICATION: _____

FULL PRESENT ADDRESS: _____

FULL PERMANENT ADDRESS: _____

MOBILE NO.: _____ PHONE NO. _____ EMAIL: _____

OCCUPATION (Service/Business): _____ SERVICE: (Permenent/Temprarory) _____

OFFICE WITH PAY OFFICER/BUSINESS NAME & ADDRESS: _____

DESIGNATION: _____ D.O.RETIREMENT: ___/___/___ PLACE OF POSTING: _____

OFFICE I.D/EMP.CODE NO.: _____ MONTHLY INCOME: _____ PAY SCALE: _____

BANK NAME _____ BRANCH ADDRESS: _____

BANK A/C NO.: _____ IFSC CODE: _____

HOUSE: RENTED EMPLOYERS OWNED ANCESTRALVEHICLE: CAR TWO WHEELERS OTHERS _____**NOTE: Please attach photocopy of following documents:****PAN Card, Adhaar Card, Office I.D. Card, Latest Pay Slip, Any Latest Bill (Electricity/Telephone/Gas)****(If current address is other than adhaar card, then attach current address document (any one):****Voter Card/ Passport/ Driving License/ Any Govt. I.D. Card.**

FORM NO. 60 (FILL, IF APPLICABLE)

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
- 3 Amount of the transaction _____
4. Are you assessed to tax? Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Place : _____

Signature of the declarant

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

(SIGNATURE OF THE MEMBER)

(NOTE: PLEASE ATTACH SELF ATTESTED COPY OF ALL YOUR DOCUMENTS ABOVE WITH THIS FORM.)

Documents Submitted: (To be filled by Society Official)

Photograph/s	Identity Proof	Address proof	Income Proof	PAN / ADHAAR	SPECIMEN CARD

PRESIDENT/ HONY.SECRETARY

EMPLOYEE OF THE SOCIETY

-----MEMBER'S SIGNATURE SPECIMEN CARD)-----

SOCIETY M.S. NO. _____

SOCIETY M/S NO. _____

NAME: _____

PASTE
HERE
YOUR
RECENT
PHOTO

SIGNATURE OR THUMB IMPERSSION