

## APPLICATION FOR REAL ESTATE CONSULTANT MEMBERSHIP

	Date: DD MM YY				
To The Hon. Secretary  CREDAI-MCHI  Maker Bhavan – II, 4 <sup>th</sup> Floor,  18, V. Thackersey Marg,  New Marine Lines, Mumbai – 400 020.					
Ref.: Request for Membership with	CREDAI-MCHI				
Dear Sir,					
We would like to apply for the Real Estate Consultant Membership with CREDAI-MCHI.					
We hereby would like to remit the Membership Fees of Rs. 59,000/- $(50,000/- + 9,000/- 18\% GST)$ (Rupees Eight Lakhs Twenty-Six Thousand only) towards the Real Estate Consultant Membership with CREDAI-MCHI.					
I/we hereby submit the following documents as required by	by CREDAI-MCHI:				
<ol> <li>Brief Profile and Areas of Mutual Interest</li> <li>Copy of Certificate of Incorporation, Memorandum of A document evidencing formation of Financial Institution)</li> <li>Copy of RBI registration document</li> <li>Company Address Proof, PAN &amp; GST Registration No.</li> <li>Copy of Board Resolution authorizing the list of persons</li> </ol>					
<ul> <li>institution</li> <li>6. 1 Photograph of Director/Partner/Proprietor</li> <li>7. KYC documents for Authorized Person(s)</li> <li>8. Copy of Annual Report containing Audited Financial States</li> </ul>					
We further confirm that we have not been convicted for any offence.					
Thanking you,	Yours truly,				
Seal/ Stamp(Sign	nature of Authorized Representative				



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Photograph 1<sup>st</sup> Authorized Representative

Mr.

**COMPANY DETAILS** 

	Nam	ne of the Real Estate Consultant /		
	Com	pany	:	
	Date	of Incorporation	:	
	Offic	e Correspondence Address	:	
	Туре	e of Consultant	:	
	Regi	stered Address	:	
	Office Telephone No.		:	Website.:
	E-ma	ail	:	
II.	AUT	HORIZED REPRESENTATIVES DETAILS		
	A.	Name of Authorized Representative	:	
		Designation	:	Pan No.:
		Residential Address	:	
		Res. Telephone No.	:	Mobile:
		E-mail	:	
		Date of Birth	:	
	В.	Name of Authorized Representative	:	
		Designation	:	Pan No.:
		Residential Address	:	
		Res. Telephone No.	:	Mobile:
		E-mail	•	
		Date of Birth	:	



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Date: DD MM YY	Name of the Company  Name of the Applicant  Signature of Applicant	:
	Seal of Organization	;
Date: DD MM YY	Recommended by  Name of the Company  Signature of Member	:

Cheque in favour of 'MCHI'
Online Transfer details as follows

PAYMENT IN FAVOUR OF: MCHI A/C No: 030102000007219 IFSC Code No.: IOBA0000301 MICR Code No: 400020004 Indian Overseas Bank, New Marine Lines Branch, Mumbai 400020