

## APPLICATION FOR INSTITUTIONAL 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 Institutional Membership with CREDAI-MCHI.

We hereby would like to remit the Membership Fees of Rs. 8,26,000/- (7,00,000/- + 1,26,000/- 18% GST) (Rupees Eight Lakhs Twenty-Six Thousand only) towards the Institutional Membership with CREDAI-MCHI.

**I/we hereby submit the following documents as required by CREDAI-MCHI:**

1. Brief Profile and Areas of Mutual Interest
2. Copy of Certificate of Incorporation, Memorandum of Articles of Association (Any other document evidencing formation of Financial Institution)
3. Copy of RBI registration document
4. Company Address Proof, PAN & GST Registration No.
5. Copy of Board Resolution authorizing the list of persons representing the financial institution
6. 1 Photograph of Director/Partner/Proprietor
7. KYC documents for Authorized Person(s)
8. Copy of Annual Report containing Audited Financial Statements

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We further confirm that we have not been convicted for any offence.

Thanking you,

Yours truly,

Seal/ Stamp

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(Signature of Authorized Representative)

## APPLICATION FOR INSTITUTIONAL MEMBERSHIP

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

Photograph  
2<sup>nd</sup> Authorized  
Representative

Mr. \_\_\_\_\_

Mr. \_\_\_\_\_

### I. COMPANY DETAILS

Name of the Bank / Company : \_\_\_\_\_

Date of Incorporation : \_\_\_\_\_

Office Correspondence Address : \_\_\_\_\_

Registered Address : \_\_\_\_\_

Office Telephone No. : \_\_\_\_\_ Website.: \_\_\_\_\_

E-mail : \_\_\_\_\_

### II. AUTHORIZED REPRESENTATIVES DETAILS

A. Name of Authorized Representative : \_\_\_\_\_

Designation : \_\_\_\_\_ Pan No.: \_\_\_\_\_

Residential Address : \_\_\_\_\_

Res. Telephone No. : \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

B. Name of Authorized Representative : \_\_\_\_\_

Designation : \_\_\_\_\_ Pan No.: \_\_\_\_\_

Residential Address : \_\_\_\_\_

Res. Telephone No. : \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

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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