

## **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.		טט	IVIIVI	11					
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. 5,90,000/- $(5,00,000/- + 90,000/- 18\% GST)$ (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:									
<ol> <li>Brief Profile and Areas of Mutual Interest</li> <li>Copy of Certificate of Incorporation, Memorandur document evidencing formation of Financial Institution</li> <li>Copy of RBI registration document</li> <li>Company Address Proof, PAN &amp; GST Registration Institution</li> <li>Copy of Board Resolution authorizing the list of perinstitution</li> <li>1 Photograph of Director/Partner/Proprietor</li> <li>KYC documents for Authorized Person(s)</li> <li>Copy of Annual Report containing Audited Financial</li> </ol>	ution) No. ersons representing the	·	·	ner					
We further confirm that we have not been convicted for any offence.									
Thanking you,	Yours truly	<b>'</b> ,							
Seal/ Stamp (Signature of Authorized Representative									

PS.: Institutional Membership is valid for 7 years



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Photograph 1<sup>st</sup> Authorized Representative Photograph 2<sup>nd</sup> Authorized Representative

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CON	IPANY DETAILS		
Nam	ne of the Bank / Company	:	
Date	e of Incorporation	_	
Offic	e Correspondence Address	:	
Regi	stered Address	:	
Office Telephone No.		:	Website.:
E-mail		:	
AUT	HORIZED REPRESENTATIVES DETAILS		
A.	Name of Authorized Representative	: <u> </u>	
	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	:	
	Office Regi Office E-max AUT A.	E-mail  AUTHORIZED REPRESENTATIVES DETAILS  A. Name of Authorized Representative Designation Residential Address  Res. Telephone No. E-mail Date of Birth  B. Name of Authorized Representative Designation Residential Address  Res. Telephone No. E-mail	COMPANY DETAILS  Name of the Bank / Company Date of Incorporation  Office Correspondence Address  Registered Address  Office Telephone No.  E-mail  AUTHORIZED REPRESENTATIVES DETAILS  A. Name of Authorized Representative Designation Residential Address  Res. Telephone No.  E-mail  Date of Birth  B. Name of Authorized Representative Designation Residential Address  Res. Telephone No.  E-mail Date of Birth  B. Name of Authorized Representative Designation Residential Address  Res. Telephone No. E-mail  Date of Birth  B. Name of Authorized Representative Designation Residential Address  Res. Telephone No. E-mail



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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