

## APPLICATION FOR REAL ESTATE CONSULTANT MEMBERSHIP

	Date:					
To	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	th 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/- $(50,000/- + 9,000/- 18\%)$ (Fifty Nine Thousand only) towards the Real Estate Consultant Membership with CREDAI-MCHI.						
I/we hereby submit the following documents as require	d by CREDAI-MCHI:					
<ol> <li>Brief Profile and Areas of Mutual Interest</li> <li>Copy of Certificate of Incorporation, Memorandum of Articles of Association (Any other 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 representing the financial institution</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 Statements</li> </ol>						
We further confirm that we have not been convicted for	any offence.					
Thanking you,	Yours truly,					
Seal/ Stamp(S	Signature of Authorized Representative)					

PS.: Consultant Membership is valid for 1 years



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

Mr.

I.	CON	MPANY DETAILS		
	Nan	ne of the Real Estate Consultant /		
	Con	npany	:	
	Date	e of Incorporation	:	
	Offi	ce Correspondence Address	:	
	Type of Consultant		:	
Registered Address		istered Address	:	
				_
	Offi	ce Telephone No.	:	Website.:
	E-m	ail	:	
II.	ΛΙΙΤ	HORIZED REPRESENTATIVES DETAILS		
11.				
	A.	Name of Authorized Representative	:	
		Designation	:	Pan No.:
		Residential Address	:	
				T
		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