

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIPDate:
DD MM YY

To
The Hon. Secretary
CREDAI-MCHI
Maker Bhavan – II, 4th Floor,
18, V. Thackersey Marg,
New Marine Lines, Mumbai – 400 020.

Subject : Request for Institutional 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.

Term	Membership Fees	GST	Grant Total	Tick <input type="checkbox"/>
7 Years	7,00,000	1,26,000	8,26,000/-	<input type="checkbox"/>

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 Company)
3. Company Address Proof, PAN & GST Registration No.
4. 1 Photograph of Director/Partner/Proprietor
5. KYC documents for Authorized Person(s)
6. Copy of Annual Report containing Audited Financial Statements

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

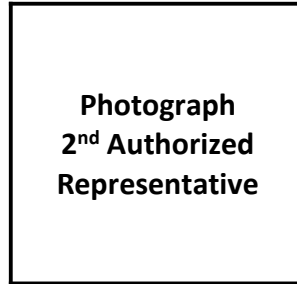
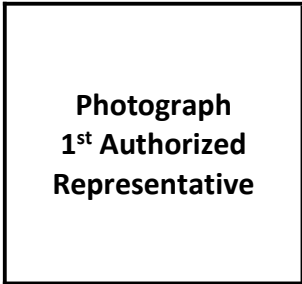
Thanking you,

Yours truly,

Seal/ Stamp

(Signature of Authorized Representative)

PS.: Institutional Membership is valid for 7 years



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 : _____



APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

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 : _____

: _____

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