

**APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP**Date:     
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 (cooperative banks) with CREDAI-MCHI**

Dear Sir,

We would like to apply for the Institutional Membership (Cooperative Bank) 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 Five Lakhs Ninety Thousand Only) towards the Institutional Membership with CREDAI-MCHI.

Term	Membership Fees	GST	Grant Total	Tick <input type="checkbox"/>
7 Years	5,00,000	90,000	5,90,000/-	<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

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

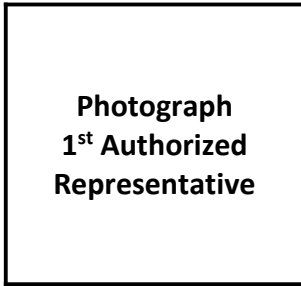
Thanking you,

Yours truly,

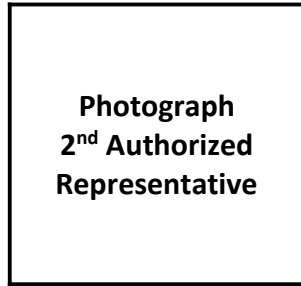
Seal/ Stamp

(Signature of Authorized Representative)

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**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 : \_\_\_\_\_

## **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