



# JAI DHAN LAKSHMI CO-OPERATIVE (U) THRIFT & CREDIT SOCIETY LTD.

(Registered under Delhi Co-operative Society Act, 2003 vide Regn. No. 10262 (E) Dated 15-02-2011)

**Head Office:** C-34 (New NO.C-265), Gali No.4-A, West Vinod Nagar, Delhi-92, Ph.:011-22478701, 8750866667

**Corporate Office:** C-50 Shri Ram Chowk, Near Shiv Mandir, Mandwali Uche Par, Delhi-92, Ph: 011-22478701, 8750866667

**Branch Office.:** Badarpur, New Delhi-44, Ph.: 8506010470

**Branch Office.:** Mayur Vihar Phase III New Delhi-91, Ph.:8506010471

**Branch Office.:** Joharipur Ext, New Delhi-94, Ph.:8506010472

**Branch Office.:** Soniya Vihar, New Delhi-90, Ph.:8506010473

E-mail : [info@jdisociety.com](mailto:info@jdisociety.com), Website : [www.jdlsociety.com](http://www.jdlsociety.com)

## **MINOR MEMBERSHIP APPLICATION FORM**

Branch :

Membership No.: **JDL**

Minor Member Photo

Parent Guardian Photo

To,

The President/Secretary

I wish to apply for admission as a member of your society

I understood the Rules & Bye-laws of the society and hereby agree to abide by them and any subsequent modification thereto. I also hereby declare that I am neither a member of any other co-operative thrift & credit society operating/working in the state of Delhi nor taken any kind of loan which is outstanding as on date.

I request that the managing committee may please allot me..... shares of RS. 100/- each and I also agree to deposit of Rs. 200/- per month on account of compulsory deposit as well as admission fees of Rs. 100/- and other sums towards building funds, kalyan funds, misc. exp. etc. as applicable on the date of my admission as member.

### **Personal Detail**

Applicant Full Name			
Father's Name			
Mother's Name			
Date of Birth	D D M M Y Y Y Y	Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age	Years		

### **Present Address/Correspondence Address**

Flat No./House No./Society Name			
Room No./Name/Area			
Landmark/State		Pincode	
Contact No.			

### **Permanent Address**

Flat No./House No./Society Name			
Room No./Name/Area			
Landmark/State		Pincode	
Contact No.			

Monthly Income of Guardian/Parent: \_\_\_\_\_ Occupation \_\_\_\_\_ (Service/Business/Other)

Name of the Nominee..... Relationship..... Age of Nominee.....Years

Signature of Introducer/Advisor.....

(Signature of Parent/Guardian)

Introducer/Advisor Full Name: .....

Membership No./Advisor Code(.....)

Mobile No. ....

(Signature of Minor)

### **(For office use only)**

Admitted Shri/Smt./Miss.....

as a Member of the Society vide Resolution NO. ....

of M.C. Meeting held on .....and allotted Membership No. ....

**PRESIDENT / SECRETARY**