



Estd. : 2011  
Regn. No. : 10282

Recommended by ..... (Sign.)

# The Supreme Co-operative (Urban) Thrift and Credit Society Ltd.

Regd. Add.: Office No. 4, First Floor, CSC, Pocket-I, Dilshad Garden, Delhi - 110095 Tel. : 011-41515152, 22571814  
(Registered under the Delhi Cooperative Societies Act. 03 & Rules, 2007)  
E-mail : supremecooperative2011@gmail.com

## APPLICATION FOR MEMBERSHIP

Please Paste  
Passport Size  
Photograph

The Secretary,

I want to become a member of the above Society. I do agree with the objectives of the Society and will follow its Rules & Sub-Rules.

I hereby undertake that I am not a member of any other co-operative thrift and credit society and the particulars given by me in the application are correct and true.

I want to take 40 shares @ Rs. 500/- and I will deposit the Compulsory Deposit of Rs. 100/- per month or Rs. 1200/- per annum in the Society.

I am enclosing herewith my attested salary certificate (or original) and attested photocopies of I/Card or Unique Card and three Passport size Photographs.

My particulars are given below :-

1. Name
2. Father's/Husband's Name
3. Date of Birth  4. Occupation ..... 5. Monthly Income Rs. ....
6. Full Address of Res.   
 Pin Code
7. Full Address of Office   
 Pin Code
8. Designation ..... 9. Date of Appointment
10. Date of Retirement
11. Employee Code No. .... 12. Mobile No. ....
13. Tele./Mob. No. of Residence ..... 14. Tele./Mob. No. of Office .....

The particulars of my NOMINEE are given below :

Name of the Nominee ..... Father/Husband's Name .....

Relation with me ..... Date of Birth/Age .....

Full Address   
 Pin Code

Dated .....

Full Signature of the Applicant

Applicant's Membership has been accepted / not accepted in the M.C. meeting dated  of the Society

Signature Hony. Secretary

Applicant has signed in the Members Register at Account No.  and the photocopies of I./Card/Unique Card and Passport size Photographs of the applicant have been received

Dated .....

Signature of Assistant

Signature of Accountant/Treasurer

Enclosures :  Salary Certificate  Card/Unique I Card  3 Passport Size Photo

Note : Incomplete/wrong application will not be considered

Office Timings : 11.00 AM to 7.00 PM (Weekly off-Tuesday)



MEMBER'S BIODATA  
सदस्य - विवरण

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A/c No. ....

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खाता संख्या A/c No. ....

पूरा नाम Full Name .....

पिता/पति का नाम S/o, D/o, W/o .....

जन्म तिथि Date of Birth .....

व्यवसाय Occupation .....

कुल मासिक वेतन/वार्षिक आय Total Monthly Salary/Annual Income .....

नियुक्ति की तिथि सेवा-निवृत्ति की तिथि स्थायी या अस्थायी  
Date of Appointment ..... Date of Retirement ..... Permanent/Temporary .....

टेलिफोन नम्बर :- निवास ऑफिस  
Telephone No. : Resi. .... Office ..... Mobile .....

आयकर का पैन नं.  
Income Tax PAN No. ....

निवास का पूरा पता  
Full Residential Address .....

..... Pin Code .....

अचल सम्पत्ति का विवरण (मकान आदि)  
Details of Immovable Property .....

पैतृक निवास का पूरा पता  
Full Address of Native Place .....

कार्यालय संबंधी विवरण कार्यालय/फर्म का पूरा नाम  
Particulars Relating to Full Office/Firm Name .....

Office कार्यालय/फर्म का पूरा पता  
Full Office/Firm Address .....

..... Pin Code .....

पद कर्मचारी कोड/पास/टोकन नं.  
Designation ..... Employee Code/Pass/Token No. ....

विभाग  
Department .....

पहचान पत्र नं. पहचान पत्र जारी होने की तिथि  
Identify Card No. .... Date of Issue of I. Card .....

DDO's Designation & Address .....

Designation & Address of the Highest Authority .....

I do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date .....

(Signature of the Member)

नोट : प्रार्थी कृपया साफ-साफ व पूरी सूचना भरें  
FOR OFFICE USE

Note : THIS FORM IS TO BE FILLED IN BY THE APPLICANT

Posted in Computer  
on ..... Initial .....

Affidavit

I.....S/o.Sh.....R/o.....  
.....,Age.....And permanent employee ..... Introduce  
Mr.....S/o.Sh.....R/o.....  
.....And permanent employee .....  
.....

For the membership of The Supreme Co-operative (Urban) Thrift & Credit Society Ltd. Office No. 04, First Floor, CSC, Pkt-I, Dilshad Garden Delhi -110095 I take full responsibility of payment of Co-op. loan if any, is sanctioned to him, In case he happened to become a defaulter in the payment of loan, I would pay the entire amount from my Pocket, this responsibility stands good even in case he transfer to same other department and in case of death also.

In the circumstances I request that Sh..... kindly be enrolled as a member of The Supreme Co-operative (Urban) Thrift & Credit Society Ltd. Delhi Regd. Under Delhi State Coop. Societies Act. 2003.

Sig. of the person who is becoming member

Sig. of the introducing member

.....

Certified that I am not a member of any other Thrift & Credit Cooperative Society urban/rural/Agriculture any where in India. If later on it is found that I am a member of any other Co-op. thrift & credit Society/Bank, the membership will be ceased then and there without the Legal procedure to be adopted in this regard.

Signature of the person who in becoming member

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## KYC INFORMATION FORM (FOR MEMBER'S)

Affix recent  
Photograph

Branch .....

Account No. ....

Name .....

Resi. Address : ..... Office Address : .....

.....

.....

..... Pin ..... Pin .....

Tel No. ....

Mob. No. ....

Date of Birth ..... DD ..... MM ..... YYYY

E-mail : .....

PAN No. ....

Please attach photocopy of anyone of the following documents as proof of identity and address of residence in NCT of Delhi.

- |                          |                              |
|--------------------------|------------------------------|
| A) Passport              | E) Aadhar Card (UIDAI)       |
| B) Voter's Identity Card | F) Bank Passbook             |
| C) Driving Licence       | G) Electricity Bill (Latest) |
| D) PAN Card              | H) Telephone Bill (Latest)   |

\* In case the member is working in Delhi but not residing in Delhi, please attach photocopy of the Identity Card as Proof of Service.

\* For Member having business in Delhi but not residing in Delhi, please attach proof of Registration of Business in Delhi.

(ALL DOCUMENTS TO BE SELF ATTESTED BY THE ACCOUNT HOLDER)

ORIGINAL DOCUMENTS TO BE SHOWN DURING SUBMISSION.

Date .....

Signature .....

### FOR OFFICE USE ONLY

KYC category

Signature of Authorized Officer

Name :

Code No. :

Signature of Authorized Officer

Name :

Code No. :