

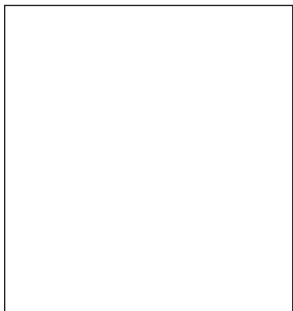


FINLANDTM
 Co. Op. Credit Society Ltd.
 REG/AHD/C/SE(SH)46749/2022

MEMBERSHIP APPLICATION FORM

New Membership Additional Shares

To,
 The Chairman / Board of Directors
 The Finland Co. Op. Credit Society Ltd.
 Ahmedabad.



Date: _____

Sir,
 Kindly enroll me as member of The Finland Cooperative Credit Society Ltd. I am here with paying you in cash/by cheque/ draft vide no for a total amount of Rs.-/- where in Rs.(towards the admission fee), & Rs. (towards share application) for Number of shares. I have read the rules and declare that I am eligible to become a member. I promise to abide by the bye-laws and rules of the Society in force or as may be amended from time to time. My details are as below:

Personal Details:							
Full Name:		First Name	Middle Name	Last Name			
Father's / Husband Name :							
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion:		Cast:		
PAN No:				AADHAR No:			
Passport No:		Issue Date:		Date of Expiry:			
Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married		No.Of Children: _____			
Education:		<input type="checkbox"/> Non-SSC	<input type="checkbox"/> SSC/HSC	<input type="checkbox"/> U.G	<input type="checkbox"/> Graduate	<input type="checkbox"/> P.G	<input type="checkbox"/> Professional <input type="checkbox"/> Ph.D
Occupation:		<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Consultant <input type="checkbox"/> Other
Current Address:							
		Pin Code:	State:	Tel. (O):	Tel.®:	Fax:	
		Mobile:			Email:		
Permanent Address:							
		Pin Code:	State:	Tel. (O):	Tel.®:	Fax:	
		Mobile:			Email:		
Office Address:							
City:_____		Pin Code:_____		Country:_____		Phone:_____	
E-mail:_____							
If salaried, Employed with:				Monthly total family income (approx.) Rs.:			
<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Semi Govt. Sec	Name of the Employer _____ _____		<input type="checkbox"/> Up to Rs. 5000	<input type="checkbox"/> 5001 to 10000		
<input type="checkbox"/> Multinational	<input type="checkbox"/> Public Ltd. Co.			<input type="checkbox"/> 10001 to 20000	<input type="checkbox"/> 20001 to 30000		
<input type="checkbox"/> Pvt. Ltd.Co.	<input type="checkbox"/> Other			<input type="checkbox"/> 30001 to 50000	<input type="checkbox"/> above 50000		
If Self Employed, Nature of Profession :				Nature of Business :			
<input type="checkbox"/> C.A	<input type="checkbox"/> Engineer	<input type="checkbox"/> Doctor		<input type="checkbox"/> Trading	<input type="checkbox"/> Finance		
<input type="checkbox"/> Trader	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Consultant		<input type="checkbox"/> Transport	<input type="checkbox"/> International Trading		
<input type="checkbox"/> IT Professional	<input type="checkbox"/> Family Business	<input type="checkbox"/> Other		<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other		

Nomination Form

Nomination under The Gujarat Co. Op. Society Act, 1962. I/We nominate the following person to whom the event of my/our death, the amount of the Deposit, Particulars where of are given below may returned by The Finland Co. Op. Society Ltd.

Name of Nominee	Address of Nominee	Relationship with Member	Age

Banking Relation with other Banks/Society

Name Of the Bank/Society: _____
Branch: _____ A/C No: _____
Name Of the Bank/Society: _____
Branch: _____ A/C No: _____

Terms & Condition

- The Credit Co. Op. Societies are functioning as autonomus cooperative organization Accountable to their Members and not under the administrative control of the District Registrar.
- No person shall be eligible for being a member of a Credit Co. Op. Society if,
 - a) His business is in conflict or competitive with the business of such Credit Co. Op. Society or
 - b) He used for two consecutive years the services below the minimum level specified in the by-Laws; or
 - c) He has not attended three consecutive general meeting of the Credit Co. Op. Society and such absence has not been condoned by the members in the general meeting; or
 - d) He has made any default in payment of any amount to be paid to the Credit Co. Op. Society under bye-laws of such society.

Declaration

I hereby solemnly affirm that I have read and understood the terms and conditions of membership of the society and that I agree to abide by them and also to the changes as notified by the society from time to time.

Date: _____ Place: _____ Signature of Applicant: _____

Introducer

I _____ the member of the society (vide membership No. _____ Recommend that the above applicant to admitted as member of the society.

Date: _____ Place: _____ Signature of Introducer: _____

For Office Use Only

Verified and found correct/incorrect and complete/incomplete. Name and Signature of the Verifying Authority: _____
No. of Shares allotted: _____ Vide distinctive number(s) _____ to _____ Ledger Folio No. _____
Share Certificate No. _____ Membership No. Allotted _____

Remark by the Chairman/Designated Authority

A) Accepted B) Under Consideration C) Sent back for review D) Rejected

Date: _____ Signature : _____ Seal: _____

Documents to be submitted with application by Applicant(s)

Latest recent photo identification documents	Latest recent documents showing address proof
Pan Card (Compulsory)	Aadhar Card (Compulsory)
Driving Licence	Telephone Bill, Electricity Bill, Ration Card
Voter ID Card	Bank Account Statement / Bank Front page of Passbook

Registered and Central Administrative Office

THE FINLAND CO. OP. CREDIT SOCIETY LIMITED

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