

Proposed  
**THE JAMMU WOMEN'S COOPERATIVE BANK LTD**  
**JAMMU (CREDIT COOPERATIVE)**

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**MEMBERSHIP FORM**

	First	Middle	Surname
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D/o, W/O</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Full Address:** \_\_\_\_\_

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

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

**Telephone No.:** Office: \_\_\_\_\_, Resi. \_\_\_\_\_, PP \_\_\_\_\_

**Details of remittance:** (Membership fee: Rs. 1000/, Registration fee: Rs. 100/)

Share Capital Receipt No. \_\_\_\_\_, Dated: \_\_\_\_\_.

Enrollment as Member Receipt No. \_\_\_\_\_, Dated: \_\_\_\_\_.

**Details of Nominee: - Relation with the Nominee:** \_\_\_\_\_

	First	Middle	Surname
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Signature of Promoter**

Name of Enrolling Officer: \_\_\_\_\_ Desg. \_\_\_\_\_ Sign. \_\_\_\_\_

Remarks of Officer I/c, Jammu Women's Cooperative Bank Jammu.(Credit Cooperative)

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Sign. of Officer I/c