## Proposed THE KASHMIR WOMEN'S COOPERATIVE BANK LTI SRINAGAR (CREDIT COOPERATIVE)

			IAI E IAI	DEKS	UTL L	OKM						
First Middle								Surname				
Name				TIT								
D/O,W/O												
Full Address												
Qualification	:											
Occupation:												
Telephone N	o.: Office:_			, Resi.			, PI	·				
Details of re	mittance: (N	1embe	ership fee	: Rs. 1	000/,	Registra	tion fe	e: Rs.	100/)			
Share Capital Receipt No, Dated:  Enrollment as Member Receipt No, Dated:												
Details of N	ominee: - I	Relatio	on with t	he Nor	ninee	:						
Name	First				Middle				Surna	me		
Address:					7			_				
<u>Declara</u>	ation:		D/o/W/o				R/o					
solemnly dec	lare and affii	rm that	:									
	bove mentio								lge and	belief	,	
	not defaulte											
<ol> <li>I shall abide by all the rules and regulations laid down in J&amp;K Co-operative Act /Articles of Association (AOA) for the time being in force.</li> </ol>												
ACL /	Arucies of A	SSOCIAL	ion (AOA)	for the	ume	being in t	orce.					
	Signature of Promoter											
Name of Enrolling Officer:						Desg.	Desg Sign					
Remarks ( Cooperative	)									gar.((	Credit	