



All India Association of Chit Funds
Bansi House - 1/24, Asaf Ali Road, New Delhi - 110 002.
Phone(s) : 1234567890, 1234567890, 1234567890

Email: gensecy@aiacf.com

Website: www.aiacf.com

APPLICATION FOR MEMBERSHIP

Dear Sir,

I/We desire to be admitted as member of the All India Association of Chit Funds (AIACF) and enclose a Cheque/Draft/Cash towards the enrolment fee.

Cheque/Draft/Cash No.	Cheque/Draft/Cash Date	Drawn on Bank / Branch	Amount
Amount in words			

Cheque may please be drawn in favour of All India Association of Chit Funds, New Delhi

I/We have furnished all particulars as follows:-

1	Name and Address (to be entered in the Membership Registers)		
2	Name/s & Designation/s of the Representative/s with whom to Transact		
3	Year of Establishment		
4	Number of Directors/Partners		
5	Telephone No/s	Office: Mobile:	Residence:
6	Fax No/s		
7	Office E-mail		
8	Number of chit groups operated		
9	Contact person	Name: Phone:	E-mail:
10	Present Bankers		
11	Office premises	Owned / Rented	
12	Number of persons employed		
13	Aggregate Chit Value P.M.		
14	Minimum Value of the chit Group		
15	Maximum value of the chit group		
16	Frequency of chits	Monthly / Fortnightly / Weekly	

I/We requested you to admit me/us as member of the Association and agree to abide by the rules of the Association.

Seal :

Your's faithfully

Name (In Block letters).....

Designation.....

PROPOSED BY

SECONDED BY

Name & Address :

Name & Address :

Signature :

Signature :

Seal :

Seal :

FOR OFFICE USE ONLY

Recommendation of Zonal Committee: Admit / Defer / Remarks:

Remarks

President Zonal Committee

Approved/not Approved.

President / General Secretary

Entered in Membership Register No :

Membership No :

Treasurer