

ALL GARO HILLS MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

Reg.No. T-4 OF 2021-2022

BABADAM, WEST GARO HILLS, MEGHALAYA – 794002

CO-OPERATIVE MEMBERSHIP REGISTRATION FORM

To,
The Chairman/Secretary,
All Garo Hills Multipurpose Co-operative Society Ltd,
Babadam, West Garo Hills, Meghalaya - 794002

Date:
Membership No:

A. PERSONAL DETAILS

1. Name of the Applicant: _____

2. Name of Father / Husband: _____

3. Gender (M/F): _____ 4. Age (in years) : _____ 5. Date of Birth: _____

6. Date of Registration: _____ 7. Registration Number: _____

8. Area of Operation: _____

9. Address (with pin code): _____

10. Contact number: _____ 11. Occupation: _____

12. PAN Card No: _____ 13. Voter ID / Aadhar No: _____

14. Name of Bank: _____ 15. Bank A/c No: _____

I/We, hereby solemnly declare that the above information is true and correct to the best of my / our knowledge. I/We shall abide by the rules and Bye-Laws of the society and any amendments made here in after.

Signature of Applicant

B. NOMINEE DETAILS

1. Name of Nominee:
2. Date of Birth:
3. Address of Nominee:
4. Relationship with Nominator:

As provided under Section 22 of the Meghalaya Co-operative Societies Act, 2015, and the Bye-law no 5 (4) of the Society, I hereby state that on my death my shares and my interest should be transferred to the nominee mentioned above.

As the nominee is a minor on this date, I/We hereby appoint Shri/Smt. _____ as the guardian/legal representative of the minor to represent the minor nominee in matters connected with this nomination in the event of my/our Minor's death during the minority of the nominee.

Witness 1:

1) Name:

2) Address:

3) Signature:

Witness 2:

1) Name:

2) Address:

3) Signature:

Date:

Signature of Nominator:

(FOR OFFICE USE ONLY)

This membership application has been filled correctly and signed before me. This membership application was approved vide Resolution No. _____ in the Board of Director's Meeting held on _____.

Date:

Authorized signature:

