



# DNS BANK

डॉंबिवली नागरी सहकारी बँक लि.

(पूर्व सहकारी बँक)

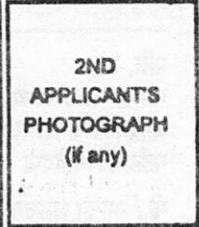
अर्धाला विश्वास निके अन् विश्वासाला अर्ध निके।

Regd. Office : 'Madhukunj', Plot No. P-52, MIDC Phase II, Kalyan Shil Road, Sonarpada, Dombivli (E) 421 204

## APPLICATION FOR MEMBERSHIP

Date : \_\_\_\_\_  
Branch : \_\_\_\_\_

Customer No. \_\_\_\_\_  
Membership No. \_\_\_\_\_



THE CHAIRMAN  
DOMBIVLI NAGARI SAHAKARI BANK LTD.,

SIR/MADAM

I/WE HEREBY DESIRE TO BECOME A MEMBER OF YOUR BANK. I/WE AGREE TO ABIDE BY THE BYE-LAWS OF THE BANK.

FULL NAME : 1) \_\_\_\_\_

CO-APPLICANT'S/PARTNER'S/DIRECTOR'S/TRUSTEE'S NAME : 2) \_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_

E-MAIL ID : \_\_\_\_\_ PAN NO. \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ AGE \_\_\_\_\_ YEARS MOB. NO. \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

SEX: MALE / FEMALE CASTE: SC / ST / NT / OBC / OTHERS

OFFICE/BUSINESS ADDRESS : \_\_\_\_\_

TEL. NO. R : \_\_\_\_\_ O: \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

OCCUPATION  SERVICE  BUSINESS  PROFESSION  HOUSEWIFE  OTHER

CONSTITUTION : INDIVIDUAL / PROPRIETORSHIP / PARTNERSHIP / LTD CO. / TRUST / CLUB / ASSO / ANY OTHER  
(A LETTER SIGNED BY ALL THE PARTNERS / DIRECTORS TO BE ATTACHED IN CASE OF INSTITUTIONAL MEMBERSHIP)

NATURE OF BUSINESS \_\_\_\_\_ NET SALARY PER MONTH ₹ \_\_\_\_\_ ANNUAL NET INCOME ₹ \_\_\_\_\_

NAME OF THE REPRESENTATIVE \_\_\_\_\_  
(in case of Institutions only)

PURPOSE TO BECOME A MEMBER 1) LOAN 2) TDS 3) SURETY 4) OTHER

FULL NAME OF THE NOMINEE _____ - NOMINATION - _____ AGE _____	
ADDRESS _____	
RELATION WITH APPLICANT _____ IF MINOR (DATE OF BIRTH) : _____	
NAME OF THE GURDIAN _____	

NO. OF SHARE APPLIED \_\_\_\_\_ AMOUNT DEPOSITED ₹ \_\_\_\_\_ ON \_\_\_\_\_

DIVIDEND TO BE CREDITED TO SB / CD / CC / A/C. NO. \_\_\_\_\_ BRANCH \_\_\_\_\_

IF MEMBER IN OTHER CO-OP. CREDIT SOCIETY / BANK \_\_\_\_\_

### INTRODUCING MEMBERS

1) NAME : _____	1) NAME : _____
ADDRESS : _____	ADDRESS : _____
MEMBERSHIP NO. _____	MEMBERSHIP NO. _____
SIGNATURE _____	SIGNATURE _____

OFFICER'S SIGNATURE : x \_\_\_\_\_ APPLICANT'S SIGNATURE (1) x \_\_\_\_\_

DATE : \_\_\_\_\_ (2) x \_\_\_\_\_

### FOR OFFICE USE ONLY

RESOLUTION NO. _____	DATE _____	COMMITTEE _____
SECRETARY : x _____	COMMITTEE CHAIRMAN : x _____	
1) APPLICATION NO. _____	2) MEM. NO. _____	3) DATE : _____

REGD. NO. \_\_\_\_\_

OFFICER IN CHARGE  
SHARE DEPT.CO.