MAA LAXMI CO-OPERATIVE

Urban Thrift & Credit Society Ltd.

(Registered under Delhi Co-operative Society Act, 2003 Registrar at SI No.10970/Sec-IV/T/C/2-26) On 24 March 2026

Head Office :- Shop No A-8 APMC Fruit & Vegetable Market New Sabji Mandi Gazipur Delhi-110096

Website :- www.maalaxmi.tcsociety.in Email :- maalaxmiansociety@gmail.com

MEMBERSHIP & ACCOUNT OPENING FORM

Date

Membership No. (Office Use)

AFFIX RECENT PASSPORT SIZE PHOTOGRAPH

ACCOUNT DETAILS

☐ Savings Account ☐ Fixed Deposit (FD) ☐ Recurring Deposit (RD) ☐ Compulsory Deposit (CD)

PERSONAL INFORMATION

Full Name (In Block Letters)

Father's / Husband's Name

Mother's Name

Date of Birth

Gender

Occupation

ADDRESS & CONTACT

Permanent Address

City

State

PIN Code

Mobile Number

Email Address

KYC DETAILS

Aadhaar Number

PAN Number

NOMINATION

Name of Nominee

Relationship

DECLARATION: I understand the rule & Bye-laws of the society and hereby agree to abide by them and any subsequent modification s thereto I declare that the particulars given above are true to the best of my knowledge and belief. I understand that the decision of the Society regarding admission shall be final.

Place: _____

Signature of the Applicant

Date: _____

FOR OFFICE USE ONLY

Account opening approved for Mr./Ms. _____ Membership ID: _____

Manager's Signature: _____

Society Seal: _____