

**Airports Authority of India (I.A.D.)
Staff Co-operative Credit Society Ltd. Mumbai**

FORM FOR APPLICATION OF MEMBERSHIP

I _____
the undersigned, hereby apply to admitted as a member of the A.A.I.(I.A.D.) Staff Co-operative Credit Society Ltd., Mumbai. I agree to make payments required by the Society's Bye Laws and otherwise to bound thereby. I hereby authorised he General Manager A.A.I. (I.A.D.), A - 11/16, New Quarters, Bamanwada, Vileparle (E), Mumbai to recover and receive the necessary payments from my salary, towards the Society the Society dues.

* _____
Applicant Signature

Name in Full (Block Letters) : _____

Designation : _____

Age : _____

Whether Permanent/Temporary : _____

Basic Pay : Rs _____

Emoluments : Rs. _____

Monthly rate of subscription : Rs. _____

Wheter Insured and if so the amount of Indurance : Rs. _____

Present Address (Residential) : _____

Permanent Home Address : _____

Date of appointment in Airports Authority : _____

Recommended by : _____

Admitted as a member of this Society subject to payment of entrance fee of Rs.5/-

Mumbai,

Dated _____ Hon. Secretary _____ Chairman _____

I _____ the undersigned
hereby declare that I am not a member of any other Co-operative Credit Society.

Residential address in full _____

_____ * _____

Mumbai, _____ Applicant Signature

Dated _____

A hereby declare that in the event of my death I nominate the below named individual to receive the value of my share/shares deposits and other amount to my credit, it any, in the A.A.I.(I.A.D.) Staff Co-operative Credit Society Ltd., Mumbai.

* _____
Applicant Signature

Name of heir/heirs if nominated : _____

Relationship of nominee with the subscriber : _____

Major and addresses of minor's : _____

Guardian / Guardians : _____

Relationship of guardian with minor : _____

Bank A/c no.: _____

Bank Name : _____ Branch Name : _____

Airports Authority of India (I.A.D.) Staff Co-operative Credit Society Ltd. Mumbai

I _____ the undersigned, give the General Manager Airports Authority of India (IAD), A - 11/16, New Quarters, Bamanwada, Vileparle (E), Mumbai irrevocable power and authority to deduct every month from the monthly salary and other allowances, earned by me during my employment in the service of the Airports Authority of India (IAD) all dues payable by me as a member of **A. A. I. (IAD) Staff Co-operative Credit Society Ltd.** either by way of subscription repayment of loan, interest penalty, guarantee or otherwise and to pay the same to the said Society.

I further authorised that in the event of my discharge / registration from the A.A.I. (I.A.D.) Services / retirement long absence due to illness/unsound mind / death accidental or otherwise / or on a written request by the Society the entire amount due to the Society is deductible from my Wages/Salary/Pension/Gratuity/Termination Pay and Allowances or unclaimed dues in respect of the above are payable to the Society in a single installment.

I further undertake not to revoke this authority until claims of the Society against me are fully settled.

Dated at Mumbai this _____ day of _____ 20

*

Applicant Signature

1) Witness Name : _____

Witness Signature :

Office : _____

Office : _____

FORM OF DECLARATION

I _____ of am/have become a member of more than one credit Society, names of which are given below. Name in full (Block Letters) :

* 1

* 2

* 3

* 4

I do hereby declare as required by Rules 45 of A. A. I. (IAD) Staff Co-operative Credit Society's Rules, 1972 that I shall borrow only from A. A. I. (IAD) Staff Co-operative Credit Society Ltd.

Place : _____

Date : _____

2) Witness Name : _____

Witness Signature : _____

*

Applicant Signature

* Hereinsert the name of the Society.