



ಈಸಾರ್ ಕ್ರೆಡಿಟ್ ಸೌಹಾರ್ದ ಸಹಕಾರಿ (ನಿ)

ایثار کریڈٹ سوهارده کو آپریٹیو لمیٹڈ

EISAR Credit Souharda Co-operative Ltd.

Registered under Karnataka Souharda Sahakari Act of 1997 (No. SL. AR-20/C/RSR/CO-ACT/5505/2020-21)

Registered Office : #1, 1st Floor, Beside Gulnuma House, Shifa Cross, Opp Malabar Bakery, Bhatkal - 581 320, Karnataka, India | Mob: 8073923662

Membership Form

Ordinary Membership Nominal Membership Additional Shares

Date: - _____

The Board,
Eisar Credit Souharda
Co-operative Ltd. Bhatkal

Affix
Recent Photograph
with cross signature

Sir,

Kindly enroll me as member of Eisar Credit Souharda Co-operative Society Ltd. I am herewith paying you by cash/cheque/draft vide no for a total amount of Rs.(towards the admission fee Rs. 10/-, share money Rs. for shares and 1% or Rs. 50 (Whichever is more) of share money Rs as contribution towards promotion fund (CPF). I have read the rules and declare that I am eligible to become a member. I promise to abide by the bye-laws and rules of the **Karnataka Souharda Sahakari Act of 1997** in force or as may be amended from time to time. And I agree with the rules and regulations of **Eisar Credit Souharda Co-operative Ltd. Bhatkal**. My details are as below:-

Personal Details :

Full Name:	[Grid for Full Name]																			
Father's/Husband's Name:	[Grid for Father's/Husband's Name]																			
Date of Birth:	[Grid]	Sex: M / F	<input type="checkbox"/>	Religion :	Caste:													
*PAN :	[Grid]	UID No. :	[Grid]																	
Passport No. :	[Grid]	Issued on	[Grid]	Date of Expiry:	[Grid]															
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	No. of Children																
Education:	<input type="checkbox"/> Non-SSC	<input type="checkbox"/> SSC/HSC	<input type="checkbox"/> U. G	<input type="checkbox"/> Graduate	<input type="checkbox"/> P.G.	<input type="checkbox"/> Professional	<input type="checkbox"/> Ph.D													
Occupation:	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Self Employed Professional	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other											

Correspondence Address

Pin Code:			
State	Tel. (O)	Tel. (R)	Fax
Mobile		E-mail	

Permanent Address

Pin Code:			
State	Tel. (O)	Tel. (R)	Fax
Mobile		E-mail	

Office Address:

[Grid for Office Address]																			
City :	[Grid]	Pin Code :	[Grid]	Country:														
Phone:	[Grid]	E-mail:																



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Account Opening Form

The Board,
Eisar Credit Souharda
Co-operative Ltd. Bhatkal

Date: - _____

I/we request you to open an account with you for which I/we initially deposit Rs.....in words (.....)

Title of A/c Mr./Mrs./Ms.

Choice of Account:

- | | | |
|---|--|---|
| <input type="checkbox"/> Current Deposit | <input type="checkbox"/> Saving Deposit | <input type="checkbox"/> Pigmy Daily Saving |
| <input type="checkbox"/> Pilgrimage Saving Deposit | <input type="checkbox"/> Child Saving Plan | <input type="checkbox"/> Revolving Fund Account |
| <input type="checkbox"/> Recurring Investment Deposit | <input type="checkbox"/> General Investment Scheme | <input type="checkbox"/> Eisar Fixed Depsoit |
| <input type="checkbox"/> Participatory Business Deposit | <input type="checkbox"/> SHG Saving Deposit Scheme | |

Mandate for Account Operation:

- Single Any One Any two jointly Jointly by all

Frequency of Deposit:

- Daily Weekly Monthly Quarterly Half Yearly Yearly

Personal Information

	1st Applicant	2nd Applicant	3rd Applicant
Full Name :			
Father/Husband's Name :			
Date of Birth :			
Sex (M/F) :			
*PAN/UID No.:			
Relationship with first Applicant :			

Full Name of the Nominee:

Mr./Mrs./Ms. Age:Sex: M/F

Relationship: Signature:

Full Mailing Address (Capital Letters):

Current Address				Pin Code:	
	State	Tel. (O)	Tel. (R)	Fax	
	Mobile		E-mail		
Permanent Address				Pin Code:	
	State	Tel. (O)	Tel. (R)	Fax	
	Mobile		E-mail		

