

Janseva Cooperative Credit Society Ltd.

(Registered under Multi State Cooperative Societies Act 2002 vide No:-MSCS/CR/335/2010)

Membership Form

Ordinary Membership New Membership Additional Shares

Affix
Recent Photograph
with cross signature

The Chairman/Board of Directors
Janseva Cooperative Credit Society Ltd.
Mumbai

Sir,

Date: - _____

Kindly enroll me as member of Janseva Cooperative Credit Society Ltd. I am herewith paying you in cash/by 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. 100 (Which ever 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 Society in force or as may be amended from time to time. My details are as below:-

Personal Details :

Full Name:

Father's/Husband's Name:

Date of Birth: Sex: M / F Religion : Caste:

*PAN/UID No. :

Passport No. : Issued on Date of Expiry:

Marital Status: Single Married No. of Children

Education: Non-SSC SSC/HSC U. G Graduate P.G. Professional Ph.D

Occupation: Service Business Retired Housewife Student

Self Employed Professional Consultant 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:

City : Pin Code : Country:

Phone: E-mail:

Branch Address:

If salaried, Employed with: <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Semi Govt. Sector <input type="checkbox"/> Multinational <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Others Name of the Employer Grade: <input type="checkbox"/> Non- Management <input type="checkbox"/> Junior Mgmt. <input type="checkbox"/> Middle Mgmt. <input type="checkbox"/> Top Mgmt.	If Self Employed, Nature of Profession : <input type="checkbox"/> C.A <input type="checkbox"/> Engineer <input type="checkbox"/> Doctor <input type="checkbox"/> Trader <input type="checkbox"/> Lawyer <input type="checkbox"/> Consultant <input type="checkbox"/> Software <input type="checkbox"/> Family Profession <input type="checkbox"/> Other Nature of Business : <input type="checkbox"/> Trading <input type="checkbox"/> International Trading <input type="checkbox"/> Transport <input type="checkbox"/> Finance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others Monthly total family income (approx.) Rs.: <input type="checkbox"/> Up to Rs. 5000 <input type="checkbox"/> 5001 to 10000 <input type="checkbox"/> 10001 to 20000 <input type="checkbox"/> 20001 to 30000 <input type="checkbox"/> 30001 to 50000 <input type="checkbox"/> above 50000
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Banking Relation with other Banks/Society:	
Name of the Bank/Society	A/c No. <input type="text"/>
Branch	A/c No. <input type="text"/>
Name of the Bank/Society	A/c No. <input type="text"/>
Branch	A/c No. <input type="text"/>

Full Name of the Nominee:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age : Relationship : Signature :		

- : Terms & Condition :**
1. "Multi-state cooperative Societies are functioning as autonomous cooperative organization Accountable to their members and not under the administrative control of the central Registrar Ministry of Agriculture and Farmers Welfare therefore the depositor/members are advised to Take decision for investing deposits based on the performance of the society at their own risk Central Registrar Ministry of Agriculture and Farmer Welfare does not provide any guarantee for These Deposits."
 2. Share will be refund after completion of three years and transfer after completion of two years.
 3. Disqualification for member of a multi-state cooperative society no person shall be eligible for being a member of a multi-state co-operative society if
 - a) His business is in conflict or competitive with the business of such multi-state co-operative Society or
 - b) He used for two consecutive years the services below the minimum level specified in the by-Laws; or
 - c) he has not attended three consecutive general meeting of the multi-state co-operative society and such absence has not been condoned by the members in the general meeting. or
 - d) he has made any default in payment of any amount to be paid to the multi-state co-operativesociety under bye-laws of such society.

Declaration:
I hereby solemnly affirm that I have read and understood the terms and conditions of membership of the society and that I agree to abide by them and also to the changes as notified by the society from time to time.
Date: Place: Signature of Applicant

Declaration: (In case the applicant is member of more than one society.)
Whether member of any other Co-operative Credit Society or Bank? a) Yes b) No
If yes, give the detail

I do hereby declare as per MSCS rules that I shall borrow only from one Bank/Society (name)
..... (branch)

Date: Place: Signature of Applicant

Introducer

I the member of the society (vide membership No.
recommend that the above applicant to admitted as member of the society.
Introducer's Signature

For Office Use Only

Verified and found correct/incorrect and complete/incomplete.
Name and Signature of the Verifying Authority :

No. of Shares allotted: Vide distinctive number(s): to Ledger Folio No

Share Certificate No. Membership No. Alloted

Remark by the Chairman/Designated Authority:

A) Accepted B) Under Consideration C) Sent back for review D) Rejected

Date: Signature: Seal:

Note:- 1. Please use black ink only to fill up the form. 2. Application for minimum unit as prescribed from time to time.
3. Kindly enclose copies of address proof (like aadhaar card, ration card or electricity bill etc.) and photo ID proof such as PAN card /Driving License/ Passport etc.

Registered and Central Administrative Office: AICMEU, 1st Floor, Vazir Building, 179, I.R. Road, Mumbai - 400003
Tel.: 91 22 23478329 / 23476497/22818178 **Fax:-** 91 22 23478884 **Email:** janseva@janseva.in **Website:** www.janseva.in

Janseva Cooperative Credit Society Ltd.

(Registered under Multi State Cooperative Societies Act 2002 vide No:-MSCS/CR/335/2010)

Account Opening Form

Chairman/Secretary
Area Managing Board
Janseva Cooperative Credit Society Ltd.
..... Branch

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"/> Amanah Current Deposit | <input type="checkbox"/> SHG Deposit A/c | <input type="checkbox"/> Portfolio Investment Deposit |
| <input type="checkbox"/> Amanah Saving Deposit | <input type="checkbox"/> General Investment Deposit | <input type="checkbox"/> Revolving Fund Donation Account |
| <input type="checkbox"/> Amanah Compensatory Saving Deposit | <input type="checkbox"/> Recurring Investment Deposit | <input type="checkbox"/> Other |

Mandate for Account Operation:

- | | | | |
|---------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Any One | <input type="checkbox"/> Any two jointly | <input type="checkbox"/> Jointly by all |
|---------------------------------|----------------------------------|--|---|

Frequency of Deposit:

- | | | | | | |
|--------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Half Yearly | <input type="checkbox"/> 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		

Branch Address:

Occupation : (Please Tick)

Service Business Housewife Retired Student Other

Annual Household Income (in Rs.): (Please Tick)

Up to 60000 60001 to 120000 120001 to 240000 240001 to 360000 360001 & above

Proof of Address submitted (individuals): (Please Tick)

Aadhaar Card Passport Copy Voter's ID Card Employer's ID Card
 Driving License PAN card Latest Telephone Bill Latest Electricity Bill

Introduction by existing Member of Janseva Cooperative Credit Society Ltd.

I(name) A/c No. []
 confirm that I am an account holder with Janseva Cooperative Credit Society Ltd. and that I know Mr./Mrs./ Ms. since last months/years. I also confirm his/her/their identity, occupation and address as stated in this application to open the account.

Signature of Introducer

Declaration/Undertaking

- 1) I/we declare that I/we have read and agreed upon the rules and regulations of Janseva Cooperative Credit Society Ltd. in force and also framed from time to time by the society.
- 2) I/we authorize the society to invest the amount in my/our Investment Deposit Account in any profitable businesses on profit loss sharing system. I/we hereby indemnify the society and its office bearers from any loss that might occur in business on normal market risk.
- 3) I/we agree to refer our problem, in case of any dispute, to Grievance Redressal Cell of Society whose decision will be binding on me/us. One of my/our representative will join Grievance Redressal Cell for discussion and decision.

Place:

Date:

Signature of the Applicant:

Declaration in Case of Minor Account opened by a Member:

I hereby declare that the date of birth is/...../..... of the minor who is my and I am his/her natural guardian/lawful guardian appointed by the court order dated(copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the society of the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Place:

Date:

Signature of Guardian:

Signature in presence of the Society's Officials: (one sign across the photograph)

1st Applicant	2nd Applicant	3rd Applicant
Passport Size Photograph	Passport Size Photograph	Passport Size Photograph
Signature	Signature	Signature
Signature	Signature	Signature

Membership No. []

A/c No. []

Letter of thanks sent to introducer/customer on

Account opened & verified by
Name:

Authorised by
Name:

Signature

Signature