

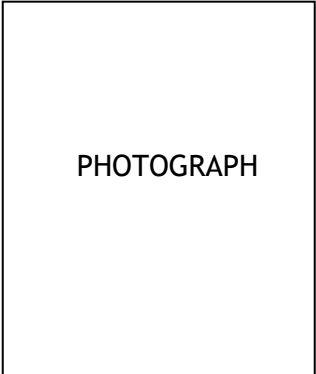
C.A CO- OPERATIVE THRIFT & CREDIT SOCIETY LTD

(Registered under Delhi Co-operative Society Act, 1972 Vide Regd. NO. 864 (U))
Office Address: D-251 Street No.10, 2nd Floor, Laxmi Nagar, Delhi-110092
Tel.: 011-43710659, 8527395061, 8527395099 Email: cacoop1992@yahoo.com

To

Dated

The Secretary
C.A.Co-operative Thrift & Credit Society Ltd.
D-251 Street No.10, 2nd Floor,
Laxmi Nagar, Delhi-110092



Sub: APPLICATION FORM FOR RESIGNATION OF MEMBERSHIP

Dear Sir,

I wish to withdraw my membership (M.No.....) from the society for the reason
I, therefore request you to kindly refund at your earliest.

I also declare that neither shall I nor shall my legal heirs ever claim the rights of membership of your society hereafter.

I enclose original share certificates.

Yours faithfully

Signature

Name S/o

Address

Mobile No.:

Note: - Please also fill the declaration form if the share certificate is not traceable.

OFFICE REPORT

The member is having the following amounts to his/her credit:-

Share money	Rs.
Compulsory Deposit	Rs.
Optional Deposit	Rs.
Total Amount	Rs.
Service charges on refund of Share Money	Rs.
Total amount to be paid	Rs.
Whether is surety for any body?	

Whether he/she has cleared all his/her liabilities
If not what are his/her liabilities, please mention

Signature
reporting official

ACCOUNTANTS REPORT

I have verified and agree with the Office Report given above.
The signature of the applicant has been checked from the Membership Register/Application form and personally verify by me. I am satisfied with the member's identity as per specimen signatures recorded with society.

Signature of the Accountant

MANAGER'S REPORT

Statement of the Accountant counter-checked and verified personally by me. I am satisfied with the member's bonafide.

Signature of the Manager

M.No.