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

PHOTOGRAPH

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. _____