



All Kerala Private Bankers Association

BANKERS BHAVAN, KODIMATHA
KOTTAYAM SOUTH P. O., Pin : 689 039

APPLICATION FORM

PHOTO

From

1. Name of Institution
(Proprietorship/Partnership)
Office Address
Telephone: Mob..... Pincode.....
Residence Thaluk District.....
Name of Proprietor/ Mg. Partner
Name of Father
Resident Address
.....
.....

To, The General Secretary
All Kerala Private Bankers Association

Dear Sir,

Please enroll us /me as a member of the Kerala Private Bankers Association. We / I agree to abide by the rules and byelows of the Association on.

Enclosing Draft No for Rs..... on.....

Entrance Fee Rs. 1000/-

Annual Subscription Rs. 1200/-

Life Membership Fee Rs. 10000/- _____

Toral Rs. _____

DETAILS OF BUSINESS

1. Date of Commencement of business
2. Money Lender License No
Issued from which office Inspecting Asst. Commissioner, Officer of the Commercial Taxes.
3. Number of Partners/ Proprietors

Place :

Signature

Date :

Proprietor/ Managing Director

FOR OFFICE USE

Application approved by the meeting of the Association held on

General Secretary

President