

FORM OF ADMISSION TO MUTUAL BENEFIT SCHEME OF CHARTERED ACCOUNTANTS ASSOCIATION,
AHMEDABAD
(FOR MEMBERS ONLY)

FROM :

To,
THE HON. SECRETARY,
Chartered Accountants Association,
Annexe to Insurance Building,
Nr. Income Tax Circle, AHMEDABAD-380014.

I, undersigned, furnish following details with a request to enroll me for the Mutual Benefit Scheme of our Association.

(To be typed in block letters)

1. Full Name
2. Father's/Husband's Name
3. Address in Full Office

Resi.

Tel. No. O. R.

4. Date of Birth
5. Membership No. of the Institute

I have read the Mutual Benefit Scheme and I agree to abide by its rules and regulation as may be amended from time to time.

I also send herewith Cheque/D.D./No.

Dt.

drawn on _____ for Rs. _____ (Rs. 100/- by way of admission fee and Rs. _____ by way of Member's deposit) in favour of "**Chartered Accountants Association, Ahmedabad, Mutual Benefit Scheme**" alongwith Guarantee Letter/Nomination Form (as per annexure 'A' to this form) duly filled in and signed by me.

PLACE

DATE

SIGNATURE OF MEMBER

For Office use only

Time Date
Sr. No. Sign

Annexure-A

Guarantee Letter/Nomination Form

I Shri

Son of

Date of Birth

Residing at

hereby undertake to contribute to the Chartered Accountants Mutual Benefit Scheme a sum of money as mentioned in the scheme on the death of member of the said scheme.

I further agree that in case of my default to contribute my aforesaid share, my membership of the scheme will stand terminated as per the provisions of the scheme.

I have read the scheme referred to above and I agree to abide by the same.

Date

(Signature)

NOMINATION FORM

I hereby nominate my wife/parent/son Mr./Mrs.

on his/her failing my wife/parent/son Mr./Mrs.

to receive the amount of money that may become payable on my death under Mutual Benefit Scheme of C.A. Association, Ahmedabad and the same shall be final and binding on my heirs.

Date

(Signature)