

21, Ballygunge Circular Road, Kolkata 700020, Email: info@recakol.com, Telephone: 9051966111

RECA-KOLKATA INDIVIDUAL MEMBERSHIP FORM

Name of the Proprietor / Karta (if applicable): Date of Birth / Formation: Pan No: Service Tax Registration No: Operating Since: CONTACT DETAILS OF APPLICANT Office Address: Office Address: Office No: Fax: Email: Website: TYPE OF MEMBERSHIP APPLYING Individual Member with One Representative: Individual Member with Two Representatives: Other Club or Association Membership Details: DECLARATION I/We solemnly declare that - (A) All the above information is true to the best of my / our knowledge and nothing relevant has been concealed or suppressed. (B) I / We undertake to inform the association of the charges that may occur in the information and particulars furnished in the application in future. I / We have read and understood the terms and conditions and I / We agree to ablied the rules and	Application No				
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	PROPOSED BY	SECONDED BY			
Approved by:					
	Date of Annual				
	Date of Approval				

DETAILS OF PROPRIETOR / KARTA

FIRST MEMBER DETAILS

Name:			
Residence Address:			Affix recent
Residence Phone No:	N	Nobile No: Marriage Anniversary:	passport size photograph of applicant / Duty
		Blood Group:	
Name of Spouse:			
		ECOND MEMBER DETAILS	
Name:			
Residence Address:			Affix recent
Residence Phone No:	N	1obile No:	mh ata aranh af
Email:	Date of Birth:	Marriage Anniversary:	
Educational Background:		Blood Group:	
Name of Spouse:			

