

The Income-Tax Department Employees' Co-Op. Credit Society Ltd., Gujarat, Ahmedabad.

(Regn. No. S-1, of 1961 dated 2-8-1961)

Room No.38, Ground floor, AayakarBhavan, Ashram Road, Ahmedabad 380 009

 $website: www.iteccs.in \\ e-mail: - \underline{incometaxcreditsociety61@gmail.com} / \underline{recovery.itcs@gmail.com} \\ / \underline{recovery.itcs@$

Tele. /Fax No. 079-27540998 (Mo.) 9099030037

Membership No.:	
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Δ	DDI ICATION	FORM FOR N	IEW MEMB	FRCHID	
Office Address:				Date:	
I, the undersigned Society Ltd., Guja as may be required I hereby agree & 1.	I apply for admission to arat, Ahmedabad.' I agred there under. undertake:- To pay the admission fe	ee to abide by the Bye-Lav ee of ₹.50/ (One time only	ncome-tax Department of the said Society 7 - Non-Refundable	nent employees' Co-Op Credit by & to make payment of dues o).	
2. 3. The Particulars re	To contribute subscripti ₹ (mi	each for 10 shares. (One ti ion as a member of the said nimum ₹.300/- to maximu or consideration of my app	l Society every mon m up to ₹.1200/)	th at the rate prescribed of	
Full Name:		Designation:			
Department Join	ing Date:	Date of Birth:		Permanent / Temporary (Strike out whichever is not applicable)	
Contact Nos.	(Alt. No.)	(Mo. No.)			
Contact Nos.	(Office No.)		(Residential No.)		
Posted in O/o Th	ne				
Present Resident	ial Address:				
Permanent Resid	lential Address:				
Agreement:	I hereby give an irrevocable authority to the Drawing & Disbursing Officer/Head of the Office/Head of the Department/The Zonal Accounts Officer (CBDT) & the Chief Commissioner of Income- tax (CCA) A 'bad to recover all my dues from my Salary or any other amount payable to me by the Government in lieu of my Service.				
Declaration:	I hereby declare that:- ❖ I am a member of Co-Op. Bank/Credit Society. I have not taken any loan from the said Co-Op. Bank/Credit Society. ❖ I was not a member of the Income-tax Department Employees' Co-Operative Credit Society Ltd., Gujarat, Ahmedabad during the last 12 calendar months.				
Certificate: Signature of W		he particulars given above		est of my knowledge. of Applicant	
		ty on this day of_			

CHAIRMAN SECRETARY



Name of the Member

The Income-Tax Department Employees' Co-Op. Credit Society Ltd., Gujarat, Ahmedabad.

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$Nomination\ Form\ (Share/Subscription/DBS)$

hereon)		required under Bye	e-Laws No	stand to my credit (Share/Subscription & interesto.21 & amount of Death Benefit [under Bye-Law.ye-Laws.
Namo	e & Address of the Nominee(s) in the event of the Member's Death	Relationship with the Member	Age	Name, Address & relationship of Person to whom the right of his/her Predeceasing the Member.
Sign	ature of Witness L.F. No.:			Signature of Applicant
	pted & entered in the Register at Sr. No.	airman/Sec		
	***Note: Before filing the form	-		
	Provision for payments	under "DEAT	H BEN	EFIT SCHEME (DBS)".
(1) (2)	Test of Note below Bye-Laws No.15(c)(i) is as u I. Wife or husband of a member. II. Son(s) & Unmarried daughter(s) of a III. Father or Mother of a Member.	ınder:- Member.		mily defined in Note below Bye-Laws No. 15(c)(i). ve, any person duly nominated by such Member.
(3)	In case a nomination is not filed by a Member for	or 'Death Benefit Sch family in Note below	eme', the a w Bye-Law	amount, which may become due to him/her, shall be vs No.15(c) (i) in the order of preference i.e. Firstly
*	Please attach documents listed below.			
1.	KYC Form	-	Duly attes	sted by the A.O. & D.D.O.
2.	Latest Salary Slip / Appointment Order.	-	Duly attes	sted by the A.O. & D.D.O.
3.	Pan Card	-	-	py Self-Attested.
4.	Bank Details	-	-	py Self-Attested.
5.	Permanent & Present Address Proof	-	Photo Cop	py Self-Attested.

L.F. No.