FORM FOR APPLICATION OF MEMBERSHIP

ASSOCIATION OF BUNTS CHARTERED ACCOUNTANTS MUMBAI

Add.: c/o Harish Hegde & Co, D-211, Ghatkopar Industrial Estate, Behind R-City Mall, LBS Road, Ghatkopar West, Mumbai – 400086.

: 022-2500 7600 **E-mail ID:** abca.mumbai@gmail.com

PERSONAL INFORMATION

APPLICANT NAME: First Name | Middle Name | Surname

ADDRESS :

City: **State:** **Pin code:**

MOBILE No. : **E-MAIL ID.:**

DATE OF BIRTH :

GENDER : MALE ☐ **FEMALE** ☐

(Please tick the relevant box)

CA MEMBERSHIP DETAILS

YEAR OF QUALIFICATION: **MEMBERSHIP NO.:**

WHETHER HOLDING COP: YES ☐ **NO** ☐

IF YES, PLEASE TICK THE RELEVANT BOX: ACA ☐ **FCA** ☐ **OTHERS** ☐

MEMBERSHIP TYPE

Choose your category of Membership (Either A or B below)

A. MEMBERSHIP WITH ANNUAL RENEWAL FEES: ☐

(Choose the appropriate Sub-Category)

Annual Membership for Members – in practice for less than 5 yrs - ACA (Rs. 1,000/- p.a.): ☐

Annual Membership for Non-Practicing Members engaged in Service & others (Rs. 1,000/- p.a.): ☐

Annual Membership for FCA Members (Rs. 3,000/- p.a.): ☐

B. LIFE MEMBERSHIP (Rs. 25,000/-): ☐

DECLARATION

I, hereby declare that I wish to apply for membership with Association of Bunts Chartered Accountants Mumbai and all the information provided herein is true to the best of my knowledge & belief. I further confirm that, on being registered as a member of the Association, I shall abide by the Rules & Regulations of the Association as may be prescribed from time to time.

Signature:_____

Date: _____

Place: _____