

THE CHARTERED ACCOUNTANTS BENEVOLENT FUND
C/O THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA
ICAI BHAWAN

I.P.MARG P.O.BOX NO. 7100, NEW DELHI-110 002

(APPLICATION FORM FOR LIFE MEMBERSHIP OF THE FUND)

(CABF L.M.NO...)

Dear Sir,

I hereby apply for admission as a Subscriber Member of the Chartered Accountants Benevolent Fund. I am remitting herewith Rs. 2500/- towards my subscription as Life Member. I have read the Rules & Regulations of the fund and I agree to abide by them, and also by the Rules that may be made thereafter. I give below the necessary particulars.

1. Full Name :
2. Membership No :
3. Date of Enrollment :
4. Whether Fellow or Associate :
5. Address for communication :
6. Name of dependents and relations :

S.NO	NAME	AGE	RELATION
1.			
2.			
3.			
4.			

Life Membership Fee Rs. 2500/-

SIGNATURE OF MEMBER

DECLARATION

PART "B"

I hereby declare that the amount of Rs. 2500/- as life membership fee contributed by me shall form part of the corpus of the CABF. The amount is being paid through Local Cheque/ Demand Draft No.
Dated.....of

Place:.....

Yours faithfully,

Date:.....

Signature.....

CABF Life Membership No.. (To be filled by officials)

Name.....

Signature of official

S.O./E.O/A.S

Head of Region

M.No.....