## PROPERTY CONSULTANTS ASSOCIATON (REGD), CHANDIGARH FORM FOR ENROLMENT OF NEW MEMBER

(TO BE FILLEED IN CAPITAL LETTERS BY THE MEMBER)

Name of the firm	:	
Name of proprietor	:	
Office Address	·	
Office Address	·	
Phone No	: (O)(R)	
Fax No	:(O)(R)	
E-mail Address	:	
Website address	:	
	1ATION OF PROPRIETOR:	
Father's Name	:	
Residence Address	·	
Mobile	·	
Date of Birth	·	
Qualification	:	
Experience in business	:: YEARS.	
Pan No	:	
(PLEASE ATTACH A SELF AT	TESTED PHOTOCOPY OF RESIDENCE PROOF & PAN NO)	
PERSONAL INFORM	IATION OF PARNTER (If any):	
Name of Partner	:	
Father's Name	:	
Residence Address	:	
Mobile	:	
Date of Birth		
Qualification		
Experience in business	::YEARS.	
Pan No	:	
/DIEASE ATTACH A SELE AT	TESTED PHOTOCOPY OF RESIDENCE PROOF & PAN NO	

## **DECLARATION:-**

- I hereby solemnly affirm and declare that the particulars furnished above are true to the best of my / our knowledge and belief and nothing has been concealed therein.
- That I shall follow good moral character and professional ethics & I accept and shall follow all the terms and conditions of memorandum of articles of the association and shall pay the fees of the association as fixed from time to time.

DATED: SIGNATURE OF THE APPLICANT

## Proposer (The person should be a registered member of the association)

proprietor/ partne	er of M/S
sociation) knows Sh	proprietor
	years. He bears a good moral
me to be enrolled as a new	member of the association.
	Signature of the Proposer
erson should be executive me	ember of the association)
proprietor of M/S	
	ion (REGD) Chandigarh) recommends
	to be enrolled as a new member
	Signature of the Seconder
pproval by the SCRUTINY CO	MMITTEE
	nd are satisfied and approve the name
(President)	(Finance Secretary)
	erson should be executive me proprietor of M/S perty Consultants Associate  proproval by the SCRUTINY COntents of the application and address of the association.