| FOR OFFICE USE ONLY | N | [- | | | | | |
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| MEMBERSHIP NO. | | | | | | | |
| DATE | | | | 2 | 0 | 1 | |

LIFE MEMBERSHIP APPLICATION FORM

The General Secretary,
Bank of India Retirees' Association (Maharashtra & Goa),
C/o. Bank of India Officers' Association,
Bank of India Building, III floor,
70-80, Mahatma Gandhi Road, Fort,
Mumbai – 400 023

Dear Sir,

Please enroll me as a **LIFE MEMBER** of the Association. My personal details are as under:

| Shri./Smt. | | | | | | | | | | | | | | | | | | |
|-------------------------------|-----------|-------------|----------|---|---------|------|--------|------|------|------|---------------|------|------|------|----|------|------|-----|
| | (SURN | (FIRSTNAME) | | | | | | | | | (MIDDLE NAME) | | | | | | | |
| Date of Birth | | | | | | | | | | | | | | | | | | |
| Address: | | 1 | | | 1 | | | | | | | | | | | | | |
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| E-Mail: | | | | | | | | | | | | | | | | | | |
| Landline Tel: | | | | M | hile | | | | | | | | | | | | | |
| Landinie Tei. | | | | | Mobile: | | | | | | | | | | | | | |
| PF A/c. No. (as | per Per | nsion I | Book): | | | | | | | | | | | | | | | |
| Pension Paying | Branch | Name | ?: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Pension Savings Bank A/c. No. | | | | | | | | | | | | | | | | | | |
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| I assure all co- | | | | | or th | e c | ause | of c | ur A | Asso | ciatio | on a | nd a | gree | to | abid | e by | its |
| Constitution, R | ules and | l Regu | lations. | | | | | | | | | | | | | | | |
| I send herewith | a Cheq | ue No | | | E | ate | d | | | D | rawı | n on | | | | | | |
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| of Rs.1,250/- fo | or Life N | Membe | ership. | | | | | | | | | | | | | | | |
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