

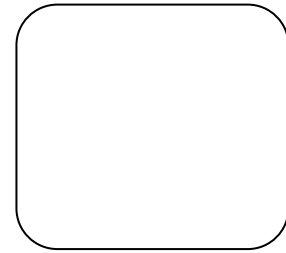
APPLICATION FOR MEMBERSHIP W.e.f. January 2022

{Membership No..AIBRWA/...../...../.....}

The General Secretary/President

All India Bank Retirees Welfare Association(R) AIBRWA,
Regd.office:- 1-U.A. Maz. Flr. Jawahar Nagar, Delhi-110007
{FOR CORROSPONDENCE :-

3356,Gr. Flr,Arya Pura, Subzi Mandi,Delhi- 110007.
(Contact No's 9213616253Whatsapp),9212339599)



I,..... **{Self /{ Family-Pensioner }**
.....S/o,D/o.....

SPOUSE or /Family Pensioner nameRETIRED-

From (Bank Name)UNDER BANK I.D. No.

Whatsapp No.....E-Mail I.D.....

Resident of.....

.....Pin Code.....State.....

(Plz. fill the above details very clear & easy to read i.e. should be legible in all respects)

after having well understood the Rules and Regulations of ALL INDIA BANK RETIREES WELFARE ASSOCIATION (Regd.) i.e. AIBRWA from website :- www.aibrwa.com, request you to enroll me as one of the your valued member of your retirees association with above mentioned details for your office records.

I am sending you the hard copy of this membership form duly signed by me to your correspondence address as well as on Association's WhatsApp No. also alongwith **MEMBERSHIP FEE Rs.600/-** (Rs.100/- as Membership fee only (One Time payment) AND Rs.500/- as minimum. (Vol. Contribution...maximum as per your sweet will) with the following details-

(Please tick below the following particulars AS APPLICABLE to enable us to reconcile your deposit with bank :-

1. I have remitted my MEMBERSHIP FEE of Rs.....(Rupees.....
onIN FAVOUR OF ALL INDIA BANK RETIREES WELFARE ASSOCIATION (Regd.) AIBRWA's Savings Bank account No.03561001003422 with Punjab and Sind Bank, Malka Ganj Branch, Delhi under MICR Code 110023018, & IFSC Code PSIB0000356.
2. **MODE OF PAYMENT / Transaction Reference** (A) NEFT (2) ONLINE PAYMENT (SELF)
(3) THROUGH Third party I remitted the fee through Mr./Miss..... (IMPORTANT :- MUST MENTION THE TRANSACTION REFERENCE. IF YOU ARE SENDING IT through SOME cyber SHOP THEN OWNER'S NAME OR HIS ACCOUNT NO. TO RECONCILE WITH our BANK transaction. TO AVOID ANY PROBLEM IN CONTROLLING)
3. Form submitted On behalf of a family pensioner in lieu of late Sh
principal pensioner expired on.....(NO MEMBERSHIP FEE FOR FAMILY PENSIONER)
4. I promise to inform if in future any change occurs in the above contents..

Total Rs.....(Rupees.....)

I, undertake to abide by rules and regulations of your association in force from time to time , Failing which the association has full rights to forfeit my membership subscriptions and cancel my membership without any recourse against the association or its office bearers . I assure to inform you immediately for any changes if occurs in the above membership request .

Yours faithfully

Dated.....
(MENTION DATE OF DEPOSITS)

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SELF/ FAMILY PENSIONER