

Federation of Multi-State Co-operative Credit Societies Ltd. (FMCCS)

Membership Application Form

A. Society Details

1. Full Name of the Society: _____
2. Registration Number & Date: _____
3. Type of Society (Credit Co-op, Urban Co-op, etc.): _____
4. Registered Office Address: _____
5. State & District: _____
6. Contact Number (Office / Mobile): _____
7. Official Email Address: _____
8. Website (if available): _____

B. Representative Details

1. Name of Chairman / President: _____
2. Name of Secretary / CEO / Authorized Person: _____
3. Designation: _____
4. Mobile Number: _____
5. Email Address: _____

C. Membership Information

1. Society Membership Category : Micro Small Medium Large
2. No. of Members in the Society: _____
3. Authorized Share Capital: _____
4. Paid-up Share Capital: _____
5. Area of Operation (States covered): _____

D. Declaration

We hereby declare that the information provided is true and correct to the best of our knowledge, and we agree to abide by the rules and regulations of FMCCS.

Signature of Chairman/President: _____

Date: _____

Signature of Secretary/CEO: _____

Date: _____