

**BENEVOLENT FUND  
FOR THE MEMBERS OF  
THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**

**Application Form for Life Membership**

1. **FULL NAME** (In block letters) : \_\_\_\_\_  
2. **Address (office)** : \_\_\_\_\_  
\_\_\_\_\_

**Tel. No. (with STD)** : \_\_\_\_\_  
**Mobile No.** : \_\_\_\_\_  
**Email** : \_\_\_\_\_  
**(Residence)** : \_\_\_\_\_  
\_\_\_\_\_

**Tel. No. (with STD)** : \_\_\_\_\_  
**Mobile No.** : \_\_\_\_\_  
**Email** : \_\_\_\_\_

3. **AGE (Date of Birth)** : \_\_\_\_\_  
4. **MEMBERSHIP NUMBER** : \_\_\_\_\_  
5. **WHETHER ASSOCIATE/FELLOW** : \_\_\_\_\_  
6. **PARTICULARS OF DEPENDENTS (SPOUSE/DEPENDENT CHILDREN)**

<b>NAME</b>	<b>Relationship with the Applicant</b>	<b>Age as on date of application</b>	<b>DOB</b>	<b>Sex</b>
(a) _____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____

7. (a) **FULL NAME OF NOMINEE** : \_\_\_\_\_  
**ADDRESS** : \_\_\_\_\_  
\_\_\_\_\_

(b) **RELATIONSHIP WITH THE  
NOMINEE** : \_\_\_\_\_

(c) **SPECIMEN SIGNATURE OF  
NOMINEE** : \_\_\_\_\_

8. **PARTICULARS OF DEMAND  
DRAFT / CHEQUE** : **Amount Rs. 7500.00/- (Rs. Seven Thousand five hundred only)**

No. \_\_\_\_\_ Date \_\_\_\_\_  
Name of the Bank \_\_\_\_\_  
Branch \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT

**N.B. DEMAND DRAFT / CHEQUE SHOULD BE DRAWN IN FAVOUR OF "BENEVOLENT FUND FOR THE MEMBERS OF THE  
INSTITUTE OF COST ACCOUNTANTS OF INDIA" ON AN SCHEDULED BANK PAYABLE AT KOLKATA. CHEQUES SHOULD BE  
MULTI-CITY (AT PER)**