

**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)**

NAME	Relationship with the Applicant	Age as on date of application	DOB (DD/MM/YYYY)	Sex
(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)