

MEMBERSHIP APPLICATION FORM - MAF

**BUSINESS
CORRESPONDENT
FEDERATION OF INDIA**

CIN
U74999DL2014NPL270298

HEAD OFFICE
Enterprise, D-128-129,
Pkhla Industrial Area,
Phase 1, New Delhi –
110020, Delhi NCT

REGISTERED OFFICE
547, Mandakini Enclave Alaknanda
New Delhi - 110019
Delhi NCT, INDIA

Board of Directors
Business Correspondent Federation of India (BCFI)
New Delhi, Delhi NCT

Dear Sir,

I would like to become a member of BCFI and agree to abide by the terms and conditions stipulated by BCFI from time to time. My application and details are as follows:

Annual Membership Fee		Rs 50,000		Rs 50,000		-		-			
Payment may kindly be made as follows:				<ul style="list-style-type: none"> • IFSC Code: KKBK-000-0181 • Bank: Kotak Mahindra Bank • Branch: G-31 & 32, Sec 18, Noida, UP 							
<ul style="list-style-type: none"> • Beneficiary: Business Correspondent Federation of India • Savings Account No: 98117-95457 											
APPLICANT DETAILS											
First Name						Last Name					
Organization Name						Type			<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> NGO <input type="checkbox"/> Government		
CIN No						PAN No					
Designation						Email ID					
Mobile						Telephone					
Registered Office						Corporate Office					
City						City					
Postal Code						Postal Code					
State						State					
FOR ORGANIZATIONS DOING/ENTERING BC ACTIVITIES											
Operating Area		<input type="checkbox"/> Pan India		<input type="checkbox"/> If States (please specify):							
No of BC Agents						Operating as CBC Since					
Bank(s) Associated CBC											
Would You Like to be Associated with BCFI Activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please Specify Which?			<input type="checkbox"/> Operations Affairs <input type="checkbox"/> Standards & GRM Affairs <input type="checkbox"/> Communication Affairs <input type="checkbox"/> Others (specify):				
<input type="checkbox"/> Public Policy Affairs		<input type="checkbox"/> Membership Affairs		<input type="checkbox"/> Economic Affairs		<input type="checkbox"/> Technology Affairs					
Signature						Date:					
Name											
Designation											

*Associate: organizations that are not doing BC activities but would like to be associated with and contribute to BCFI and its activities

NOTE: Please sign the application and attach the following documents:

1. Proprietorships to submit self-attested copy of Proof of Identity (POI) and Proof of Address (POA)
2. Partnerships to attached registration documents alongwith letter of authority signed by managing partner in favour of the signatory authorizing the person to sign/apply for an on behalf of the organization.
3. Board resolution (for companies, societies, trusts etc.) in favour of the signatory authorizing the person to sign/apply for an on behalf of the organization.