



The Malad Chamber of Tax Consultants

Regd. Office: B/6, Star Manor Apartment, 1st Floor, Anand Road Extn., Malad (West), Mumbai- 400064.

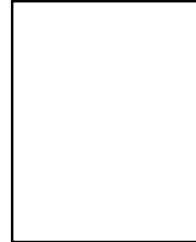
E-mail: maladchamber@gmail.com. Mobile: 7039006655.

Admin Office: C/o. Brijesh Cholera : Shop No. 4, 2nd Floor, The Mall, Station Road, Malad (W), Mumbai – 400 064.

GIFT A MEMBERSHIP FORM

Date: __/__/____

To,
The Hon. Joint Secretaries,
The Malad Chamber of Tax Consultants,
Mumbai.



Dear Sirs,

Being eligible to practice under the Direct and/or Indirect Taxes Laws, I hereby apply for admission as a member of *The Malad Chamber of Tax Consultants* with the following particulars:

1. NAME OF DONOR MEMBER MR /MRS /MISS: _____
2. NAME OF INTRODUCED MEMBER MR /MRS /MISS: _____
3. FATHER'S/HUSBAND'S NAME: _____
4. QUALIFICATIONS: _____
5. MEMBERSHIP NO., if any (with name of the association): _____
6. PERSONAL DATA:
DATE OF BIRTH: __/__/____ BLOOD GROUP: _____
SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH __/__/____
MARRIAGE ANNIVERSARY: __/__/____

PROFESSION: ADVOCATE CA ITP ICWAI ICSI GSTP/STP

7. OFFICE NAME: _____
OFFICE ADDRESS: _____

PIN CODE: _____ STATE: _____
TEL. NO: _____ FAX NO: _____
MOBILE NO: _____ EMAIL ID: _____
8. RESIDENTIAL ADDRESS: _____

PIN CODE: _____ STATE: _____
TEL. NO: _____ FAX NO: _____ MOBILE NO: _____

9. COMMUNICATION TO BE SENT TO: OFFICE RESIDENCE

The amount of Rs.2500/- by Cheque/Draft No. _____ dated __/__/____ drawn on _____

10. Bank Detail for Online Payment
Beneficiary Name: The Malad Chamber of Tax Consultants.
Bank Name: HDFC Bank Ltd – Marve Road, Malad West Branch,
Account No. 00471000136285; IFS Code: HDFC0000047.

UNDERTAKING

I, do hereby declare that whatever stated herein above is true to the best of my knowledge and belief. I also undertake to abide by the Rules, Regulation and Constitution of the Association, as amended from time to time.

(Signature)

FOR OFFICE USE ONLY FOR MEMBERSHIP APPLICATION

Issued Acknowledgement Slip No. _____ Dated / /

Accepted by the Managing Committee in the Meeting held on / /

Cheque No. _____ Dated / / for Rs. 2,500/- Bank _____

NOTES

1. Please attach educational qualification certificate for eligibility to practice tax laws.
2. Please write / type in CAPITAL LETTERS.
3. Cheques should be drawn in favour of “*The Malad Chamber of Tax Consultants*”.
4. Outstation remittance should be by Demand Draft payable at *Mumbai* only.
5. Please tick (✓) wherever applicable.
6. The form should be completed in all aspects.
7. The membership application is subject to acceptance by the Managing Council.

For Query and Submission of forms for Membership please contact any of the following office bearers.

Name	Designation	Contact No.	E-mail
CA JIGNESH SAVLA	President	9820260070	cajigneshsavla@gmail.com
CA UJWAL THAKRAR	Vice President	9819946379	ujwalthakrar@gmail.com
CA KHYATI VASANI	Hon. Treasurer	9833288584	khyativasani@yahoo.com
SHRI JITENDRA FULIA	Hon. Secretary	9820997205	jitendradfulia@rediffmail.com
SHRI RAJEN VORA	Hon. Secretary	9819807824	vora.rajen@gmail.com

Please send the completed application form to the following address:

The Malad Chamber of Tax Consultants

C/o. Brijesh Cholera & Co.

Chartered Accountants
Shop No. 4, 2nd Floor,
The Mall, Station Road,
Malad West
Mumbai 400097