INDIA BULLS CENTRUM PARK RESIDENT WELFARE ASSOCIATION

Email: indiabullscentrumparkrwa@gmail.com

Registered Society: HR 018/ 2019/ 03830

MEMBERSHIP REGISTRATION FORM IBCP CLUB HOUSE

NAME .....

DATE OF BIRTH .....

Flat No. .....

E-MAIL ADDRESS .....

PHONE.....

Owner ☐ Tenant ☐

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME .....

RELATIONSHIP .....PHONE NO.....

I am enclosing herewith the following Documents:

1. Copy of _____ towards proof of Identity and address proof.
2. Cheque No._____ or Online Transfer Reference for Rs._____ in favour of Indiabulls Centrum Park RWA towards security for subscription. (Only from Tenant)
3. Two passport size photographs.
4. I request you to kindly admit me as member of the Society club.

I, _____ HAVE RECEIVED A digital COPY OF THE RULES & REGULATONS OF THE India bulls Centrum Park RWA. I FURTHER ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THEM AND AGREE TO ABIDE BY THESE RULES AND ANY SUBSEQUENT RULES THAT MAY BE ADOPTED FROM TIME TO TIME. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COMPLIANCE OF MY GUESTS WHILE THEY ARE ON THE PROPERTY AND I ACCEPT ANY PENALTIES THAT MAY BE IMPOSED ON MY GUESTS FOR ANY VIOLATIONS TO THESE RULES.

SIGNED_____ DATE_____

ESTATE Manager_____ RWA Board MEMBER_____