



## **Application Form for Non-Individual Membership**

Name of the Entity : \_\_\_\_\_

Date of Incorporation : \_\_\_\_\_

ARN No. : \_\_\_\_\_ Valid upto: \_\_\_\_\_

PAN No. : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

Pin Code : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Fax: \_\_\_\_\_

Email id : \_\_\_\_\_

Website : \_\_\_\_\_

No. of Sub brokers : \_\_\_\_\_ No. of operational locations: \_\_\_\_\_

Membership Category :  Founder  Life  General  Associate



## FOUNDATION OF INDEPENDENT FINANCIAL ADVISORS

### Authorized Representative No. 1:

Name : \_\_\_\_\_

Designation in the Entity: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Nationality : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Res. Address : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

Pin Code : \_\_\_\_\_ Pan No : \_\_\_\_\_

Email ID : \_\_\_\_\_

Qualification : \_\_\_\_\_

Affix your  
recent colour  
photograph  
and sign  
across it.

### Authorized Representative No. 2:

Name : \_\_\_\_\_

Designation in the Entity: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Nationality : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Mobile : \_\_\_\_\_

Res. Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

Pin Code : \_\_\_\_\_ Pan No : \_\_\_\_\_

Email ID : \_\_\_\_\_

Qualification : \_\_\_\_\_

Affix your  
recent colour  
photograph  
and sign  
across it.



## FOUNDATION OF INDEPENDENT FINANCIAL ADVISORS

Membership Category Life	Fees in Rupees.					
	Entrance Fees	Annual Fees	Service Tax@14%	SBC @ 0.5%	KKC@ 0.5%	Total Fees
Authorised Representative (1) Fee						
Authorised Representative (2) Fee						
<b>Total</b>						

(Please fill in based on the Category Applied for)

### Payment Details

Amount (Rs.): \_\_\_\_\_ Cheque/DD/PO No. \_\_\_\_\_ Date: \_\_\_\_\_

Drawn on \_\_\_\_\_

I, (Name) \_\_\_\_\_

(designation) \_\_\_\_\_ hereby solemnly undertake to abide by the Memorandum and Articles of Association of the Foundation.

\_\_\_\_\_

Signature (Company Stamp/seal)

Pace:

Date:

Proposed By : \_\_\_\_\_

(Name of the Member)

ARN No

Signature

Seconded By: \_\_\_\_\_

(Name of the Member)

ARN No

Signature



### **ELIGIBILITY AND OTHER CONDITIONS:**

An IFA being either an Individual above 18 years of age, a Company, a Partnership Firm, a Limited Liability Partnership, a Society or an Association of Persons, holding a valid AMFI Registration Number or any Association or Body of such IFA's shall be eligible for the membership of the Foundation.

The Board of Directors of the Foundation shall reserve the right in exceptional cases and looking at the benefit of the Foundation to admit an Individual above 18 years of age, a Company, a Partnership Firm, a Limited Liability Partnership or any other entity who or which is not holding registration number of AMFI as a member of the Foundation.

The decision of the Board of Directors with regard to the acceptance or rejection of an application for membership shall be final and the Board of Directors shall not be bound to assign any reasons for its decision.

Every applicant on being admitted to the membership of the Company shall be deemed to have agreed to conform to and abide by the Articles of Association as amended from time to time.

The membership of the Company shall be open to all the citizens of India.

A member may request to terminate his or her membership. No refunds of membership or other donations can be claimed at any time. Membership is not transferable.

The application form should be signed by The Chairman/Director/Partner/Trustee as may be applicable.

### **Documents to be submitted:**

- 1) Self-Attested Copy of the PAN Card**
- 2) Self-Attested Copy of the ARN Card and Certificate**
- 3) MOA/Partnership Deed/Trust Deed/Bye Laws as may be applicable**
- 4) Certified copy of the Resolution for the entity to apply for Membership**