



Application Form for an Association of IFAs

Name of the Association : _____

Date of Formation : _____

Status : _____

Registration No, if any : _____

Pan No. : _____ (Enclose copy)

GST no. : _____ (Enclose certificate)

Address : _____

City : _____ State: _____

Pin Code : _____

Tel. No. : _____ Fax: _____

Email id : _____

Website : _____

No. of Member : _____ No. of branches: _____

Assets Under Management (AUM) – Rs _____ Crores.

Membership Category : Trustee Patron Founder Life General Associate



FOUNDATION OF INDEPENDENT FINANCIAL ADVISORS

Authorized Representative No. 1:

Name : _____

Designation : _____

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 : _____

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	Fees (in Rupees)
Association's Entrance Fee	
Number of Member	
Annual Fees of Member	
CGST @ 9%	
SGST @ 9%	
IGST @ 18%	
Total Fees	

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 Association.

I confirm that the Assets Under Management indicated above is as on _____.

Signature

(Association Stamp/seal)

Pace:

Date:

Proposed By : _____

(Name of the Member)

ARN No

Signature

Seconded By : _____

(Name of the Member)

ARN No

Signature



FOUNDATION OF INDEPENDENT FINANCIAL ADVISORS

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.

Cheques/ DD should be drawn in favour of "**Foundation of Independent Financial Advisors**" payable at Mumbai.

Documents to be submitted:

1. **Self-Attested Copy of the PAN Card**
2. **Self-Attested Copy of Registration Certificate**
3. **Self-Attested Copy of the ARN Card and Certificate**
4. **MOA/Trust Deed/Bye Laws as may be applicable**
5. **Certified copy of the Resolution for association to apply for Membership**
6. **List/ details of office-bearers**
7. **List of members**