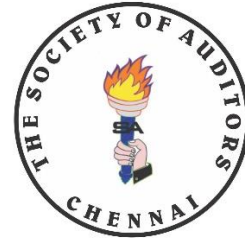


THE SOCIETY OF AUDITORS
PLATINUM CHAMBERS, No.33, TNHB Complex,
4(180) Luz Church Road, Luz, Chennai 600 004
Tel: +91 44 249 86 979 - Email:
thesocietyofauditors@gmail.com



MEMBERSHIP ENROLMENT FORM

Name and Address:

Dear Sir,

I am member of the Institute of Chartered Accountants of India, New Delhi. I wish to become a Life Member of your Society. I undertake to observe and abide by the Bye-Laws of the Society. Other particulars relating to me are furnished on the reverse. I have made the payment of Rs.5,000 (Rupees Five Thousand only) towards Life Membership Subscription, online vide reference No. dated.....

Kindly enrol me as a Life Member.

Yours faithfully,

Signature

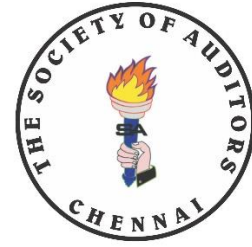
Place:

Date:

Bank Details for making payment:

The Society of Auditors
Savings Bank Account Number: 006001000038406
Bank: Indian Overseas Bank, Mylapore Branch
IFSC Code: IOBA0000060

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ANNEXURE TO MEMBERSHIP ENROLMENT FORM

1	Name	
1A	Membership No.	
2	Qualification	
3	Office Address	
4	Designation	
5	Residential Address	
6	Mobile Number - Primary - Secondary	
7	Email ID - Primary - Secondary	