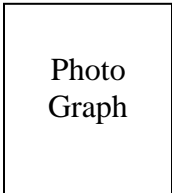


ATHAROGRAM CO-OPERATIVE CREDIT UNION LTD

Church Community Centre (1st Floor)
9, Tejkunipara, Tejgaon, Dhaka-1215, Bangladesh
Phone: 88-01706246698



APPLICATION FOR MEMBERSHIP

I hereby apply for the Membership of the Atharogram Co-operative Credit Union Ltd.Dhaka and submit the following particulars:

1. Name in Full (Block Letters) :
2. Father's/Husband's Name :
3. Mother's Name :
4. Marital Status : Married Unmarried (#) Blood Group :
5. Occupation of Father/Husband :
and Address :
6. Present Address :
.....
.....Tel/Mobile No.....
7. Permanent Address :
.....
8. Nationality : Date of Birth: Age:
9. Occupation : Designation :
10. Name and Address of Employer :
.....
11. Nominee's Name : Relationship :

I Shall abide by all rules and regulations of the Society. I declare that I am not a member of any other cooperative Credit Union in Bangladesh and the particulars given above are true to the best of my knowledge and belief.

Date :

Signature of Applicant

SPECIMEN SIGNATURE :(1) (2)

INTRODUCED BY :

(1) Name : Signature A/C No.....

(2) Name : Signature A/C No.....

FOR OFFICE USE ONLY

Name of Account : Membership No.....

Membership approve on :Sig. of Secretary :

Comment if any :