

# MEMBERSHIP APPLICATION FORM



## MUTUAL FUND DISTRIBUTORS ASSOCIATION OF KARNATAKA

INDIQUBE Southmile, Ground Floor, No. 17 & 17/1, South End Road,  
Vijayarangam Layout, Basavanagudi, Bangalore - 560004.  
Email : connect@mfdak.com Website : www.mfdak.com

NAME AS ON ARN CARD		CHAPTER NAME
ARN No.	Mobile No.:	Date of Birth / Incorporation □□ □□ □□□□
ADDRESS (in Caps)		KINDLY PASTE YOUR RECENT PHOTOGRAPH IN THE SPACE PROVIDED FOR INDIVIDUAL
EMAIL (in Caps)		

### **LIFE MEMBERSHIP (NEW) :**

- INDIVIDUAL BANGALORE - Rs. 10,000/-  
 INDIVIDUAL REST OF KARNATAKA - Rs. 5,000/-  
 NON-INDIVIDUAL - Rs. 15,000/-

### **EXISTING KAMFA LIFE MEMBERS**

Kindly update your details

- INDIVIDUAL  
 NON-INDIVIDUAL

### **PAYMENT DETAILS :**

Cheque / DD Favouring **MUTUAL FUND DISTRIBUTORS ASSOCIATION OF KARNATAKA**

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount Rs. \_\_\_\_\_

Online Payment : NEFT / RTGS UTR No. \_\_\_\_\_

### **BANK DETAILS :**

Bank : STATE BANK OF INDIA A/c # : 30885991329 IFSC / NEFT : SBIN0003286 Branch : Jayanagar 2nd Block, Bangalore 560004

### **AUTHORISED PERSONS FOR NON-INDIVIDUAL**

KINDLY PASTE YOUR RECENT PHOTOGRAPH IN THE SPACE PROVIDED FOR NON-INDIVIDUAL	Name Mr./Mrs. : _____	KINDLY PASTE YOUR RECENT PHOTOGRAPH IN THE SPACE PROVIDED FOR NON-INDIVIDUAL	Name Mr./Mrs. : _____
	Designation : _____		Designation : _____
	Date of Birth : _____		Date of Birth : _____
	EUIN : _____		EUIN : _____

Kindly enclose a Photocopy of ARN Card

### **DECLARATION :**

I/we here by declare that the information submitted by me is true & best to my knowledge & request MFDK to accept my membership.  
I/we assure that I/we would strictly adhere to the bye-laws & policies set forth by MFDK, from time to time.

SIGNATURE

SIGNATURE WITH SEAL FOR NON-INDIVIDUAL

DATE