ANNEXURE - D

MEMBERSHIP ENROLMENT FORM

Date: 15/10/2022

To,
The President,
Gulmohar Welfare Association,
Survey no. 82/1, Mallapur,
Medchal-Malkajgiri District.,

Dear Sir,

I am the owner of flat no.308 in block ' A ' in the housing project known as **Gulmohar Residency**, forming part of Sy. No. 19, Mallapur Village, Uppal Mandal, Medchal-Malkajgiri District.

I request you to enroll me as a member of

GULMOHAR WELFARE ASSOCIATION

I have paid an amount of Rs. 50/- towards membership enrolment fees.

I hereby declare that I have gone through and understood the Bye-laws of the Association and shall abide by the same.

I agree to pay maintenance charges from the month of July-2022 at the applicable rate prescribed by the association.

Thank You.

Yours faithfully,

Signature: _____

Name: T. S. Ramanujam

Address for correspondence:
Mr. Srinivasa Ramanujam Thatta,
H. No: 9-11-13/2, Gauthami Nagar,
Hospital Road, Kovvur,
West Godavari, Andhra Pradesh-534 350

Enclosed: Copy of ownership documents.

For Office Use Only

Receipt no. & date: _____

Sale Deed doc. no. & date: _____