ANNEXURE - D

MEMBERSHIP ENROLMENT FORM

Date: 17/07/2023

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

Dear Sir,

I am the owner of flat no.506 in block ' F ' 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 2023 at the applicable rate prescribed by the association.

Thank You.

Yours faithfully,

Signature: D. Shiva Kumar

Name: Dubay. Shiva kumar

Address for correspondence:
Mrs. Dubay Shiva Kumari,
H. No: 1-9-615/A/1, Opp: Old Nallakunta
Adikmet, Hyderabad-500 044

Enclosed: Copy of ownership documents.

For Office Use Only

Receipt no. & date: _____

Sale Deed doc. no. & date: _____