ANNEXURE - D

MEMBERSHIP ENROLMENT FORM

Date: 16/01/2024

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

Dear Sir,

I am the owner of flat no.403 in block ' G ' 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 OCTOBER 2023 at the applicable rate prescribed by the association.

Thank You.

Yours faithfully,

Signature: _____

Name: J. Praveen Babu

Address for correspondence:
Mrs. Shivarapu Radhika, & Mr. Jillepalli Praveen Babu,
H. No: 3-5-105/50, Plot No. 50, Road No. 5G, Krishna Nagar,
Moula-ali, Secunderabad-500 040

Enclosed: Copy of ownership documents.

For Office Use Only

Receipt no. & date: _____

Sale Deed doc. no. & date: _____