

## COMPANY SECRETARIES BENEVOLENT FUND

### FORM "A"

The Secretary & Treasurer  
 Company Secretaries Benevolent Fund  
 C/o The Institute of Company Secretaries of India  
 'ICSI House', 22, Institutional Area, Lodi Road, New Delhi - 110 003.

Dear Sir,

I hereby apply for admission as a subscriber of the Company Secretaries Benevolent Fund. I am remitting herewith Rs.10,000/- (Rupees Ten Thousand) towards my subscription as a Life Member. I have read the Bye-Laws of the Fund and I agree to abide by them and also by the Bye-Laws that may be made hereafter. I give below the necessary particulars:

1. Name in full : \_\_\_\_\_
2. Address for Communication : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. (a) Membership No.FCS/ACS \_\_\_\_\_  
 (b) Date of enrolment \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Name(s) of dependants and relations

Sl. No.	Name(s)	Age	Relation to subscriber
1			
2			
3			
4			
5			

Date .....

Place.....

Yours faithfully  
 (Signature of the Member)

### DECLARATION

I hereby advise that the contribution of Rs.10,000 made by me to the Company Secretaries Benevolent Fund should be added to the Corpus of the Fund during this year.

The requisite self health status declaration is given as per the annexure

Signature \_\_\_\_\_

Name \_\_\_\_\_

Mem. No. FCS/ACS \_\_\_\_\_

Date: \_\_\_\_\_

**ANNEXURE**

(Required to be lodged with Life Insurance Corporation  
of India under the Group Life Insurance Scheme)

Name of the Scheme : Group Life Insurance

Master Policy No. : OGI-21010400

Name of the Member \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Date of entry into the scheme \_\_\_\_\_

Are you in good health \_\_\_\_\_

Name and address of the beneficiary to whom the money should be paid, in  
case of unfortunate death :

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that above information is true and correct to the best of my  
knowledge.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 201 \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Member)

FCS/ACS No. \_\_\_\_\_

LM No.: \_\_\_\_\_

(to be filled up by office)