## FORM: BB

## APPLICATION FOR RESTORATION OF MEMBERSHIP

To,
The Secretary to the Council of
The Institute of Company Secretaries of India
'ICSI' House, 22, Institutional Area
Lodi Road
New Delhi-110003

Sir,

I hereby apply for restoration of my name in the Register as an Associate/Fellow Member of the Institute of Company Secretaries of India in accordance with the provisions contained in the Company Secretaries Act, 1980 and Regulations made thereunder and declare that I am eligible for the membership of the Institute and am not subject to any disabilities stated in the act or the Regulations of the Institute. The required particulars are furnished below:

(In Block Letters)	First Name	Middle Name	Surname
2. Address			
(i) Professional			
Name of Company _			
Pin Code:	City:	State:	
Telephone No	Fax	Mobile No	
E –mail			
(ii) Residential			
Address			
		State:	
Telephone No.	Fax	Mobile No.	
		Member of the Institute:	
		as an Associate/Fellow Memb 80 and the Regulations made t	
		will not recur and I will matted time (i.e. on or before 30th	
7. I have paid a sum	of ₹ be	eing the arrears of Annual Men	nbership fee of ₹
for the years	to	and restoration fee of ₹ 250	)/- alongwith entrance fee (
2000/- for Associates	s & Fellows) plus appl	icable GST@18%.	
8. I solemnly declare	that what I have stated	d above is true and correct.	
Place:			Yours faithfully,
Date:			

Signature