

**Application Form
For
Annual Filing of Returns of Firms, Societies
and Non-Trading Corporations**

1. Name of the Association*: _____
2. Registered No. of the Society*: _____
3. Date of Annual General Meeting*: _____
4. Date of Previous Annual General Meeting*: _____
5. Number of members on the date of the Annual General Meeting*: _____

Name of Auditor

6. Salutation: _____ First Name*: _____
Middle Name: _____ Last Name*: _____

Address of Auditor

7. Address Line 1*: _____
8. Address Line 2: _____
9. Rural/Urban*: _____
10. Sub-Division: _____
11. Block/Municipality/Corporation: _____
12. Name of Block/Municipality/Corporation: _____
13. PIN Code*: _____
14. Post Office: _____
15. Police Station: _____
16. District*: _____
17. State*: _____
18. Country*: _____

Name of President / Secretary

19. Salutation: _____ First Name*: _____

Middle Name: _____ Last Name*: _____

20. Email*: _____

21. Mobile Number *: _____

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

Signature: _____

Date of Application: _____