



Registration Form
(Valid if Witnessed by 2 Members & Approved by one Core Committee Member) Attach A Blank Crossed Cheque in favour of JCDA as Security

Name of the Firm	:						_
TIN No.	:						_
Name of the Prop./Partners		1					_
		2					_
		3					_
Address of the Firm :							_
							_
							_
Phone No. Off	fice:		 				_
Reside	nce:		 				_
Mobile Number:			 -				_
						(No. on Whatsapp)	ı
Email Id	:						_
Deals in							_
							_
Witness 1 Name of Firm	:						_
Witness 1 [Details]	:						_
	:						
Signature Witne	ess 1						
Witness 2 Name of Firm							
Witness 2 [Details]							_
Wieness 2 [Betans]							_
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Signature with	233 <u>2</u>		NIC	ounc ino			_
Data					C: ~~	otumo of the Door De	+
Date:						ature of the Prop./Par	ıner
Approved B							
Signe	d :				_		