

**Emerald Hills Owners Welfare Association
Membership Application**

**The President / Secretary,
Emerald Hills Owners Welfare Association,
M 3/11, DLF Phase – 2, Gurgaon-122002, Haryana**

Please affix passport
size photograph of
applicant

Dear Sir/Madam,

Please accept this as my application for membership in Emerald Hills Owners Welfare Association and kindly enroll me as a member of your society. I acknowledge that I have read the rules and regulations / bye-laws of the society and I agree to abide by them.

My particulars are mentioned below:

APPLICANT INFORMATION

TYPE OF MEMBERSHIP APPLIED (PLEASE TICK) Life Membership Ordinary Membership

Name:

Father's / Husband's Name:

Date of Birth:

PAN Card #:

Phone:

Current Address:

City:

State:

PIN Code:

Email ID:

Mobile:

Permanent Address:

City:

State:

PIN Code:

PROPERTY INFORMATION

Emaar MGF Project Name: (please strike off whichever is not applicable)

Emerald Floors / Emerald Floors Select / Emerald Premier Floors / Emerald Estate / Emerald Hills Exclusive Floors / Exclusive Plots

Emaar MGF Property # (Exactly as mentioned in the Allotment Letter):

Date of Allotment / Re-Purchase :

Total Cost of the Unit

Amount Paid :

Emerald Hills Owners Welfare Association Membership Application

EMPLOYMENT INFORMATION

Profession:

NOMINEE INFORMATION

Nominee Name:

Age:

Address:

Phone:

City:

State:

PIN Code:

Relationship:

PAYMENT DETAILS

I remit herewith a sum of Rupees _____ (Rupees _____ only) by Cheque / Bank Draft / Pay Order No / NEFT UTR no. _____ dated ___/ ___/ _____ drawn on _____ Bank as non-refundable membership amount in favor of "EMERALD HILLS OWNERS WELFARE ASSOCIATION".

DOCUMENT CHECKLIST

#	Type of Documents	Tick
1	Payment	<input type="checkbox"/>
2	I.D. Proof (Passport/ Aadhar Card/ PAN Card) (SELF ATTESSTED)	<input type="checkbox"/>
3	Passport Size Photograph (SELF ATTESSTED)	<input type="checkbox"/>
4	Copy of Agreement Page(s) #1 (SELF ATTESSTED)	<input type="checkbox"/>
5	Copy of Last / Latest Payment Receipt (SELF ATTESSTED)	<input type="checkbox"/>

DECLARATION

I solemnly declare that the information given above is true and correct to the best of my knowledge, if anything contained herewith found to be incorrect, I would be solely responsible for that.

Signature of Applicant:

Date:

Place:

FOR OFFICE USE ONLY

Membership approved and recorded in the Membership Register vide Sl. No. _____ On page no. _____

For EMERALD HILLS OWNERS WELFARE ASSOCIATION

Date:

Place:

Authorized Signatory