

MEMBERSHIP FORM

Title: Mr/Mrs/Dr./Prof. First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ Country _____ Pin _____

Tel: (O) _____ (M) _____ Email _____

1. I am ☐ Chartered Accountant ☐ Advocate ☐ Company Secretary ☐ Judge ☐ Member of NCLT ☐ Academic
☐ Other. Please specify _____
2. ☐ I am Insolvency Professional registered with (please specify the name of Insolvency Professional Agency)
_____ on number is _____
3. ☐ I am registered Insolvency Professional with Insolvency and Bankruptcy Board of India. My registration number is _____
4. ☐ I am a Young Practitioner. I confirm I have less than ten years experience in my profession mentioned in column 1. My date of enrolment with my professional body is _____
5. I am interested in becoming a member of INSOL India because _____

6. ☐ I am making the payment of membership fee of _____ by enclosed cheque no. _____
dated _____ drawn in favour of INSOL India.
7. ☐ I have remitted the membership fee of _____ to the bank account of INSOL India (bank account details provided on www.insolindia.com) and enclose here with transaction number and proof of payment.
8. ☐ I have read and understood the terms and conditions of membership, accept and undertake to abide them.
9. ☐ I am committed to develop the reputation and stature of insolvency profession. (Applicable to Insolvency, turnaround and restructuring professionals)

Date

Signature