

Share Membership Form



Date: _____

Respected Chairperson,

Mahendra Narayan Nidhi Memorial Health Co-operative Ltd.

Basundhara-3, Kathmandu

Subject: Application for Share Membership.

Dear Sir/Madam,

I would like to be the shareholder of this hospital and therefore request you to provide me _____ number of shares of NRS 1000 value. I have deposited NRs. _____ (In words _____) of share amount along with the following amounts.

1. Entry Fee (Member Provident Fund, Including Emergency Loss Fund NRs. 6,000/-)
2. Membership Cost for Lifetime Membership of Mahendra Narayan Nidhi Memorial Foundation NRs. 5,000/-)

Other personal information has been mentioned as below:

Shareholder's Information

1. Personal Information

- 1) Name: _____
- 2) Husband's/ Wife's Name: _____
- 3) Mother's/Father's Name: _____
- 4) Grand Father's/ Father in Law's Name: _____
- 5) Permanent Address: _____
- 6) Temporary Address: _____
- 7) Contact Number (Telephone/ Mobile Number): _____
- 8) E-mail/ Postal Address: _____

2. Nominees Information

- 1) Name, Surname: _____
- 2) Address _____ Relationship _____

Applicant's Signature

Name

Following documents must be attached along with the Application Form:

- 1) 2 Passport Sized Photo
- 2) Photocopy of Citizenship or Passport
- 3) Voucher/ Cheque/ Cash used for transferring the share amount

Note: According to the Bylaws article 10 (F), for the membership shares value one share equals to NRs. 1000 & it is mandatory to buy minimum 100 share for acquiring the membership of the Organization.

Account Name- Mahendra Narayan Nidhi Memorial Health Co-operative Ltd.	Account Name- Mahendra Narayan Nidhi Memorial Health Co-operative Ltd.
Bank Name- Nepal Investment Bank Ltd.	Bank Name- Rastriya Banijya Bank Ltd.
Account Number- 01901030024417	Account Number- 115000162701
Swift Code- NIBLNPKT 019, Battisputali, Kathmandu	Swift Code- RBBANPKA

Description of Family Members:

_____	_____
_____	_____
_____	_____
_____	_____