

RAMAKRISHNA VENUZIA GRUHA KONUGOLUDARULA SANKSHEMA SANGHAM

Regd Office: D.No.10-88/11, Indiranagar, Gopalapatnam, Visakhapatnam, AP | Regd. No.: 553/2026

MEMBERSHIP ENROLLMENT FORM

PRINTABLE VERSION - PLEASE COMPLETE IN BLOCK LETTERS

Membership No.:	Date:	Member Type ☐ Ordinary ☐ Associate
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A. MEMBER / ALLOTTEE PARTICULARS

1	Given Name & Surname:		
2	Father / Spouse Name:		
3	Present Address:		
4	Mobile Number		WhatsApp Number
5	E-mail ID:		
6	ID Number		ID Type
7	Alternate Contact Phone Number		
8	Alternate Contact Name & Relationship		

B. FLAT BOOKING / ALLOTMENT DETAILS

Tower No.	
Flat No.	
Flat Area in Sft	
Booking / Allotment Date	
Agreement No.	
RP Claim No.	
<u>RP Claim Status:</u> (Fully Admitted, Partly Admitted, Pending Admission, Rejected, Not Filed)	

C. LEGAL REPRESENTATIVE CONTACT DETAILS (IN THE CASE OF DECEASED BUYERS)

Given Name & Family Name	
Relationship:	
Address:	
Contact No:	
Email ID:	
Authorisation Document/s:	☐ Yes ☐ No
ID Proof:	☐ Yes ☐ No

D. DOCUMENTS / ENCLOSURES (Please put a Tick Mark)

☐ Flat Allotment Letter	☐ E-mail/W'App Correspondence with RKHPL
☐ Identity proof	☐ PP-size photograph
Any Other documents (Pls specify):	

E. MEMBER'S DECLARATION

I, _____ ☐ S/☐ W/☐ D/o _____ apply for membership of the Ramakrishna Venuzia Gruha Konugoludarula Sankshema Sangham and submit the above particulars for recording my membership and documenting my RK Venuzia Project claim. I declare that the information and documents furnished by me are true and genuine to the best of my knowledge. I undertake to produce originals for verification when required. I understand that submission does not by itself constitute admission of a claim and that claim determination is subject to verification and the applicable CIRP/legal process. I shall not fabricate, alter, back-date or exaggerate any document or claim.

Place:	Signature
Date:	Member Name:
Phone No.	WhatsApp No.

F. FOR ASSOCIATION OFFICE USE ONLY

Membership:	☐ Verified ☐ Not Verified
Complete Claim Documents:	☐ Received ☐ Incomplete ☐ Pending
Payment Annexure:	☐ Received
RP Claim Status:	☐ Admitted ☐ Partly Admitted ☐ Pending ☐ Rejected

Verified by: _____

Date: _____

Signature _____