



KARNATAKA STATE GOVERNMENT RETIRED EMPLOYEES AND OTHERS HOUSING WELFARE TRUST

Reg.No.BYP-4-00565-2023-24

No.1123, 'A' Block, 20th Cross, Saharakara Nagar,
Bangalore - 560 092

Date

APPLICATION FOR MEMBERSHIP

1. Name of the Applicant(in Block Letters)

2. Date & Place of Birth, Age

3. Father's / Husband's Name

4. Address fir Correspondence

Permanent Address

5. Profession, in case of employees,
give Full address of the Office

6. Whether applicant belongs to SC/ST

7. Whether the applicant owns any site or
house in Bangalore

8. Whether Applicant is a member of any other
Co-Op. Hsg. Society / Trust If so, give details

9. Nominee Particulars.

Name :

Age:

Relationship

Address :

10. Remarks, if any

11. Amount paid along with the membership
application (No outstation cheques are
accepted)

Cash :

Cheque / DD No.

Date :

Bank :

Phone No. (R)

(O)

Mobile :

Email :.....

CONDITIONS

1. Members shall be governed by the bye-Law of Trust rules and regulations framed the Board from time to time.
2. The Board may reject any application without assigning any reason.
3. Board shall reserve Right of Admission to Members.
4. In case the applicant belongs to SC/ST, a certificate issued from a competent authority has to be enclosed.
5. Membership of the Trust shall not confirm Permanent membership or entitlement for allotment of site, site allotments shall be supported by site deposits as and when it is called upon to pay & will be on seniority basis.
6. Further installments of site deposits shall be payable by the applicants as an when demanded by Trust. 15% interest shall be charged on belated remittances.
7. Member shall visit the trust periodically and update the addresses & telephone Nos. Non-receipt of communication shall not be considered as a valid reason, for belated payments
8. The determination of seniority in allotment of sites by the board shall be binding on all the members and final.
9. Outstation / Post dated cheques will not be accepted. Cheque without a MICR code will not be accepted.

CONDITIONS

I wish to become a member of the Karnataka State Government Retired Employees And others Housing Welfare Trust. I have read the above conditions and I hereby irrevocably undertake to abide by these conditions the by-laws of the Trust and the declaration taken by the Board from time to time, which shall be final and binding on me.

I declare that the particulars furnished by me are correct and true to the best of my knowledge.

Place :

Date :

Signature of the Applicant

INTRODUCED BY

NAME

.....
Signature

FOR THE USE OF THE TURST

1. Date of receipt of application:..... Membership No.....
2. Amount received: Rs..... Receipt No..... Date.....

.....
President

.....
Vice President



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Reg.No.BYP-4-00565-2023-24

No.1123, 'A' Block, 20th Cross, Saharakara Nagar,
Bangalore - 560 092

APPLICATION FORM FOR PURCHASE OF SITE

To :
The President

**KARNATAKA STATE GOVERNMENT RETIRED EMPLOYEES
AND OTHERS HOUSING WELFARE TRUST**

| | |
|----------------|--|
| Membership No. | |
| Date | |

Dear Sir,

I wish to purchase a Residential Site Measuring in.....
Layout being formed by Karnataka State Government Retired Employees And Others Housing Welfare Trust.

| | |
|---|--|
| 1) Name in full (in Block Letters) | |
| 2) Father's / Husband's Name | |
| 3) Age, Date of Birth | |
| 4) Whether the applicant belongs SC/ST (If so enclose Certificate Issued by competent authority) | |
| Address for correspondence Phone : (R) (O) Mobile : Email : | |
| Employment particulars : (Place of Employment and address) | |
| Whether the applicant is an ordinary Resident of Bangalore or Native of Karnataka | |
| a) Whether the applicant own a Site in the Corporation or Trust Board Area. b) Description and estimation value of immovable property owned by the Applicant in his own name | |
| Whether the applicant is already a member of any other House Building Society /Trust. | |
| Nominee particulars | Name : Age: Relationship Address : |

11) Details / Particulars of my family member
Staying with me

| Sl.No. | Name | Age | Relationship |
|--------|------|-----|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

12) Amount paid with full details of
Cheque / DD Particulars

Chq./DD NO.....Dt.....

Bank.....

Amount

CONDITIONS

1. I agree to abide by the conditions of allotment and sale of site as prescribed by the Karnataka State Government Retired Employees And Others Housing Welfare Trust
2. I hereby declare that I or any of my family members do not own residential site or Building in Bangalore City agglomeration area. I am not a member of any other Co-Operative Housing Society / Turst.
3. I hereby declare that all the above information furnished by me is true to the best of my knowledge. I shall furnish any other information that may be required with regard to allotment of site
4. If such other information required are not furnished by me is true to the best of my knowledge. I shall furnish any other information required are not furnished by e within time, it will be the discretion of the Karnataka State Government Retired Employees And Others Housing Welfare Trust.
5. In case it is found that the information and declaration furnished by me is found to be false at any time, the Trust shall have the right to cancel the allotment made to me and I fully understand that event at a future date, I cannot have nay claim.
6. My application for allotment of Site in the Trust is subject to approval of Membership by the Trust is subject and clearance of land, by the Competent Authority and subject to availability of Site.
7. Membership of the Trust shall not confirm entitlement for allotment of Site. Seniority for allotment of Site shall be based on the Site deposit paid in Full and not merely on initial deposit.
8. I fully agree upon the above conditions and it is binding on me.

Date :

Place:

Signature of the Applicant

FOR THE USE OF THE TRUST OFFICE

1. Date of receipt of application :..... Membership No.....
2. Amount received : Rs..... Receipt No.....Date

.....
President