



DATE: \_\_\_\_\_

FORM NO: \_\_\_\_\_

**THE GANDHIDHAM MERCANTILE CO-OP. BANK LTD**

**GIFT FORM**

**DETAILS OF AUTHORISED/SELF PERSON:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

PANCARD  AADHARCARD  GMCB A/C NO.  OTHER \_\_\_\_\_

**DETAILS OF SHARE MEMBER**

SR. NO.	SHARE HOLDER NAME	MEMBER NO.	GIFT TYPE	EMAIL & SIGN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SIGN OF AUTHORISED PERSON: \_\_\_\_\_

EMAIL :

**NOTE: KINDLY ATTACH ANY ID PROOF OF GIFT AUTHORISED PERSON WITH THIS FORM.**