



# ALL INDIA PHOTOGRAPHIC TRADE & INDUSTRY ASSOCIATION

C-3, 1<sup>st</sup> Floor, Taj Building, 210, Dr. D. N. Road, Fort, Mumbai- 01. • Tel. No.022 22076201

E-mail : info@aiptia.org • Website : www.aiptia.org

## FORM OF APPLICATION FOR TRANSFER OF MEMBERSHIP TO BE FURNISHED IN TRIPLICATE

(As per Resolution 2(i), 2(ii) and 4 passed during the Special General Meeting held on 22.03.2024)

(For Individual / Proprietor Member)

The Hon. Secretary,  
All India Photographic Trade & Industry Association,  
C3/6, Taj Building, 210, Dr. D.N. Road,  
Fort, Mumbai - 400001.

Sir,

I, \_\_\_\_\_, am the member of All India Photographic Trade & Industry Association and  
(Name as per Membership smart card)

my Life Membership no. is \_\_\_\_\_. I hereby propose to transfer the said membership to my Family member  
as per the resolution passed in Special General Meeting without payment of transfer fee.

The particulars of Transferee are as given below:-

Name of Transferee	Permanent Address of Transferee	Mobile No. and Email ID	Relationship with Transferor	DOB of Transferee	(Photo of Transferee)

On approval of this transfer application form, transferee will submit the membership application form complying with the provisions of Memorandum and Rules & Regulations of the Association without payment of fee in order to be the member of AIPTIA.

Yours faithfully,

\_\_\_\_\_  
(Signature)

Name of the Member: \_\_\_\_\_

Place: \_\_\_\_\_

Date: / /

### Witnesses:-

Witness 1:- \_\_\_\_\_  
(Signature)

Name of the Witness :- \_\_\_\_\_

Address:- \_\_\_\_\_

Email id & Mobile No. \_\_\_\_\_

Place: \_\_\_\_\_

Date: / /

Witness 2:- \_\_\_\_\_  
(Signature)

Name of the Witness:- \_\_\_\_\_

Address:- \_\_\_\_\_

Email id & Mobile No. \_\_\_\_\_

Place: \_\_\_\_\_

Date: / /

(For Office use only)

The Transfer Application was placed in the meeting of the managing committee of the Association held on \_\_\_\_\_ for being recorded in its minutes. The Transfer has been recorded in the Transfer register at Sr. No \_\_\_\_\_ Date \_\_\_\_\_.

STAMP

\_\_\_\_\_  
(Signature of office bearers)