Enrollment Form			
BCAS Member Ship No			
Mr. / Ms			
Of (firm name)			
Address			
Email:			
Tel (O) Tel (R)	Mob	oile No:	
		Member	Non- Member
Name of Programme	Day & Date	Fees	Fees
Chains of food (whomever applicable) Lein D	Vac D. England by		
Choice of food (wherever applicable) Jain \Box	veg 🗀. Enclosed ne	erewitti	
GSTIN: Please provide your GST Provisional ID with a copy of cer No amendment will be made in the Invoice or Receipt on Cash/Draft/ Cheque no:		action.	
Dated:	Amount Rs.		
Please find below NEFT details	Amount Rs.		
	Branch : New Marine	Lines Mumbai	- 400020
	IFS Code : UTIB000023		100020
Swift Code : AXISINBB173			
Note: An email communication on transfer bca@bcasonline.org for processing the payment. Regis		NEFT to be only post email in	communicated at ntimation.
Date :	Signature of Participant		
Note:			
• Please fill in the above form and send the same to the			t.
□ Payment Mode can be: Cheque / Demand Draft / Cas□ Please mention your name and membership number (-	ue/ Demand Draft.
☐ Kindly note that the cash counter timings are from 10	0.30 a.m. to 5.30 p.m. on Mo	nday to Friday ar	nd 10.30 a.m. to 1 p.m.
 on Saturday. The lunch time is 1.30 p.m. to 2 p.m. Pa The Cheque/ DD will be in the name of "Bombay" 	•	-	•
 The Cheque/ DD will be in the name of "Bombay of confirmed only after the realization of payment at BC 			
☐ Cancellation policy: Kindly note that no refund will be allowed.			
Bombay Chartered Accountants' Society		CONNI	ECT WITH US
7, Jolly Bhavan No. 2, New Marine Lines, Mumbai - 400 020. Tel. – 61377600 • Fax – 61377666		Follow, Watch, Like, Connect on BCAS GLOBAL	
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