FORM NO. 4

[Under the Bye-law No. 19(A) (v)]

A Form of undertaking to be furnished by the person, on whom the prospective Non-Earning Member is dependent for discharge of liabilities to the society.

Τo,

The Chief Promoter/Secretary

.....Co-operative Housing Society Ltd.

.....

Sir,

My details are given below: -

| 1. | Name: Shri/Smt | |
|----|----------------|------------------|
| 2. | My Address: | |
| | a. | Office: |
| | b. | Residence: |
| | c. | Contact Details: |

| 3. | Occupation: |
|----|--------------------------------------|
| 4. | Name & Full Address of the employer: |
| 5. | Monthly Income: |

Place:

Date:

Yours faithfully,

Signature