

## SECONDARY LOAN MARKET ASSOCIATION

### APPLICATION FOR MEMBERSHIP

Secondary Loan Market Association,  
Indian Banks' Association,  
Centre-1, 6<sup>th</sup> Floor, World Trade Centre,  
Cuffe Parade, Mumbai - 400 005

(Please tick whichever is applicable)

<input type="checkbox"/>	Public Sector Bank	<input type="checkbox"/>	Facility Agent
<input type="checkbox"/>	Private Sector Bank	<input type="checkbox"/>	Law Firm
<input type="checkbox"/>	Foreign Bank	<input type="checkbox"/>	Security Trustee
<input type="checkbox"/>	NBFC	<input type="checkbox"/>	If others, please mention below:
<input type="checkbox"/>	Financial Institution		
<input type="checkbox"/>	ARC		
<input type="checkbox"/>	Pension Fund		
<input type="checkbox"/>	Insurance Company		
<input type="checkbox"/>	If others, please mention below:		

Type of Membership:

Member :

Associate :

Membership Fees : Member (Rs.10 lac p.a.)

**(To be paid after admission)** Associate (Rs. 5 lac p.a.)

Name of the Organisation: \_\_\_\_\_

Amount of Guarantee: Rs.5000/-\*

(\* SLMA being section 8 company, it is guaranteed by members and guarantee amount in case of liquidation is Rs.5000/- only.

Address of Registered Office: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Permanent Account Number (PAN): \_\_\_\_\_

GSTIN: \_\_\_\_\_

Website: \_\_\_\_\_

Our authorised representative will be:

1. Mr/ Ms \_\_\_\_\_  
Designation \_\_\_\_\_.

Address \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Bio-data of the representative enclosed (As per Annexure-A) : Yes / No.

2. Mr/ Ms \_\_\_\_\_  
Designation \_\_\_\_\_.

Address \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Bio-data of the representative enclosed (As per Annexure-A): Yes / No.

We hereby agree to abide by:

- a) The Memorandum of Association (MoA) and Articles of Association (AoA) of SLMA,
- b) any code of conduct that may be prescribed by SLMA
- c) By Laws, Rules and Regulations of the SLMA that may be prescribed.

We further understand that admission / rejection for membership shall be at the sole discretion of SLMA and our registration is liable to be cancelled in the event of breach of any of the undertakings mentioned above or in terms of the MOA and AOA. We also undertake to remit the membership fees (Account No. 39752354648, IFSC Code : SBIN0008586) within 14 days from intimation from SLMA and understand that membership shall be effective upon payment of membership fees.

For (stamp of the firm/organisation)

Date:

Signature of Authorised Official:

Name of Authorised Official: \_\_\_\_\_

Designation: \_\_\_\_\_

Seal of the Bank / Company / Firm.

Documents to be submitted along with the duly filled application form:

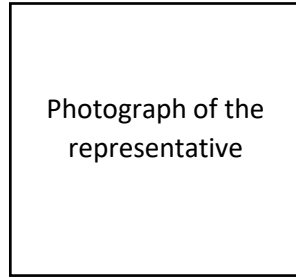
1. Certificate of Incorporation
2. Licence / Registration Copy received from the Regulator
3. Profile of the Organisation
4. MOA and AOA / Constitutional documents of the Organisation.
5. Approval of the appropriate authority to become member of SLMA

**SLMA email address:** [sa@slma.in](mailto:sa@slma.in), [support@slma.in](mailto:support@slma.in)

**ANNEXURE-I**

**BIO-DATA OF THE AUTHORISED REPRESENTATIVE**

a. Name : \_\_\_\_\_



b. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Contact details : Mobile No. : \_\_\_\_\_  
Tel No. : (\_\_\_\_) \_\_\_\_\_  
Email ID : \_\_\_\_\_

d. Name of organisation : \_\_\_\_\_

e. Designation : \_\_\_\_\_

f. Associated with the organisation, since : \_\_\_\_\_

g. Any other relevant information : \_\_\_\_\_  
\_\_\_\_\_

I confirm that the information provided above are correct and I agree to abide by the terms and conditions laid down in the MOA and AOA / By- Laws / Code of conduct as prescribed. I understand that my nomination as “Authorised Representative (s)” shall be liable for cancellation in the event of breach of any of the undertaking mentioned or in terms of MoA and AoA / By-Laws.

Signature of the Authorised Representative

Date : \_\_\_\_\_