



# Realtor Association of Odisha (ORA)

N/4-305, IRC Village, Bhubaneswar-751015, E-Mail id- ORAMembers@gmail.com, Telephone- 0674-2551230

## MEMBERSHIP FORM

Stamp Size  
Photos

● NAME OF THE APPLICANT : \_\_\_\_\_

● NAME OF THE COMPANY : \_\_\_\_\_

● TYPE OF COMPANY :

( ) PRIVATE LIMITED COMPANY

( ) PARTNERSHIP COMPANY

( ) SOLE PROPRIETORY FIRM

( ) OTHERS (Pl give details)

NAMES OF DIRECTORS / PARTNERS / PROPRIETOR

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

● DATE OF FORMATION/  
OPERATING SINCE : \_\_\_\_\_

● OFFICE ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

● RESIDENTIAL ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

● TELEPHONE : (O) \_\_\_\_\_ (R) \_\_\_\_\_

● MOBILE : \_\_\_\_\_

● FAX : \_\_\_\_\_

● E-MAIL : \_\_\_\_\_

● WEBSITE : \_\_\_\_\_

● PAN NO : \_\_\_\_\_

● GST REGD. No.: \_\_\_\_\_ RERA Regd. No. \_\_\_\_\_

● Other club or Association member, if any

### Declaration :

I/We solemnly declare that –(A) All the above information is true to the best of my/our knowledge and nothing relevant has been concealed or suppressed.(B) I /We undertake to inform the association of the charges that may occur in the information and particulars furnished in the application in future. I/ We hereby apply to become a member of ORA-Odisha. I/We agree to abide the rules and regulation of ORA-Odisha that may be in force from time to time.

Referred by :

(1) Name \_\_\_\_\_

(2) Name \_\_\_\_\_

Company Details \_\_\_\_\_

Company Details \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

COMPANY SEAL

SIGNATURE \_\_\_\_\_

DATED \_\_\_\_\_