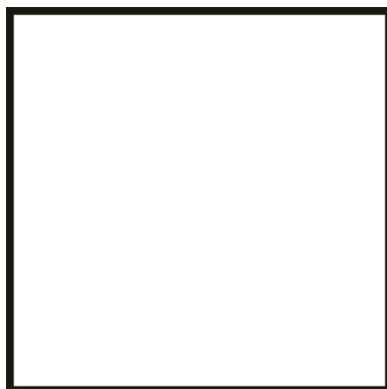




Name of The Applicant :

Name of The Organization :

Type of Organization :

- ☐ Proprietorship
- ☐ Partnership
- ☐ Private Limited
- ☐ Public Limited

Mention Name of Other Partners/Directors

1. :
2. :
3. :
4. :
5. :

Date of Formation / Operating Since :

Office Address :

Correspondence Address :

Contact : (1) (2)

Email :

Website :



president@odisharealtors.com



www.odisharealtors.com

Blood Group :

Date of Birth (dd/mm/year) :

Aadhaar Number :

Pan Number :

GSTIN Number :

RERA Registration Number :

Are you currently associated with any club, organization, or association?

1. :
2. :
3. :
4. :

Kindly mention the developers you are currently associated with :

1. :
2. :
3. :
4. :
5. :

DECLARATION

I/We solemnly declare that –

(A) All the above information are 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 changes that may occur in the information and particulars furnished in the application in future.

(C) I/ We hereby apply to become a member of REALTORS ASSOCIATION OF ODISHA (ORA)

(D) I/We agree to abide by the rules and regulation of REALTORS ASSOCIATION OF ODISHA (ORA) that may be in force from time to time.



president@odisharealtors.com



www.odisharealtors.com

Referred By

1. :
2. :

**Seal of
Proprietorship/Partnership
Private / Public Limited**

**Signature of Applicant
Date :**

Kindly Attach the Following Documents:

1. Aadhaar Card Copy
2. Pancard Copy
3. GSTIN Certificate Copy
4. Incorporation Certificate/Partnership Deed
5. RERA Registration Certificate Copy



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