

**TRUST / SOCIETY REGISTRATION**

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| S: NO | **Particulars** | **Please fill in the details** |
| 1 | NAME OF THE TRUST / SOCIETY |  |
| 2 | OBJECTIVES OF THE TRUST / SOCIETY |  |
| 3 | REGISTRED OFFICE ADDRESS |  |
| 4 | ADDRESS OF MEMBERS IN THE SOCIETY(NOT LESS THAN SEVEN)  ADDRESS OF MEMBERS IN THE TRUST (NOT LESS THAN TWO) | SCAN COPY OF ID PROOF(not less than seven) TO BE SEND contact@mslegalassociates.in |