



Association of Cine & Television Art Director's of Southern India

(AFFILIATED TO FEFSI) Regd.no. 2076/MDS

UNDERTAKING **(RETIREMENT BENEFIT SCHEME)**

To,

The General Secretary
ACTADSI
No:87/2, Arcot Road,
Vadapalani, Chennai - 26.

I member of ACTADSI Membership No
Designation..... and residing at.....
do hereby state that I have attained the age of 65 years (Date of birth)

I further solemnly declare and affirm that I shall :-

- Surrender my Membership card to the association
- That my Membership will no more be valid
- That I shall not be entitled to any benefit that a member of ACTADSI can avail of and that I shall surrender all my rights to the association
- That the balance of Rupees one lakh will be by the association to my NOMINEE in the event of my death. All relevant details of NOMINEE are provided by me in Registration form .
- That in case I am found to be working or engaged to work for any category of membership of Actadsi. I shall forfeit the balance one lakh that my Nominee will be entitled to in the event of my death.

I say that I have acted of my own free will and without any pressure, whatsoever, in subscribing to the Retirement Benefit scheme.

Thanking you,

Yours faithfully,

SIGNATURE

NAME

DATED.....