	SE	COND LEVEL SH	IG FEDERATIO	N (CLF) PROFILE						
CLF Name*:		GP-1 Name*:		GP-2 Name:						
CLF Registration No (if registered under any Act):		Share Capital if any:		CC/AC/CM Name (Facilitator from Project):						
Date of Renewal:		Monthly subscription amount of each SHG/VO*:		CC/AC/CM Contact number:						
CLF Office setup*:		Annual membership fee (if any):		CLF Book Keeper's Name:						
CLF Office Address:		Formation/Restruture Date*:			CLF Book Keeper's Contact number:					
		Monthly EC Meeting Date1*:		Monthly EC Meeting Date2 (if any):						
DETAILS OF BANK ACCOUNTS (Attach xerox copy of Bank Pass Book										
CLF General A/c No*:		Bank Name*:			Branch Name*:					
CLF CIF A/c No:		Bank Name:			Branch Name:					
	DETAILS OF REPRESENTATIV	VES OF FIRST LE	EVEL FEDERAT	ION (VO) TO CLF (2	ND LEVEL FEDERATION)					
GP Name*	Name of the VO*	Date of joining in CLF*	Name of representatives of VO to CLF*		Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)				

GP Name*	Name of the VO*	Date of joining in CLF*	Name of representatives of VO to CLF*	Designation in EC*	Mobile Number* (Mandatory for CLF's President and Secretary)

* Fileds are mandatory.

Signature of Book Keeper/CC/AC

Signature of CLF President