

**Bombay Industrial Relations Act. 1947  
FORM E**

**[Section 13 and 22 and rules 12 and 27]**

**Notice Of Change**

U.T.N. / यु.टी.एन.

Status / स्थिति

Registration No / नोंदणी प्रमाणपत्र क्रमांक

Name of Union / संघाचे नाव

Postal Address / डापोचा पत्ता

State / राज्य

District / जिल्हा

City/Village / शहर / गाव

Pincode / पिनकोड

Phone Number / दूरध्वनी क्रमांक

Communication Address / संपर्काचा पत्ता

State / राज्य

District / जिल्हा

City/Village / शहर / गाव

Pincode / पिनकोड

Phone Number / दूरध्वनी क्रमांक

Dated / तारीख

To,

<sup>1</sup>[THE REGISTRAR/ADDITIONAL REGISTRAR,  
Bombay Industrial Relations Act.] प्रती निबध्द / अतिरिक्त  
निबध्द ;

Dear Sir,

I Beg to Inform you that at a / महोदय आणुणास कळविण्यात येते णि

of the above union which was held at / प्रस्तुत संघटनेची  
सभा

on / राजी या ठिणणी भरली ह्ती

it was decided that the union should apply to you for  
change in registration as a / तेथे असे ठरविण्यात आले णि  
संघटनेने आणुल्या डे नोंदणी मध्ये बदल क रण्यासाठी अर्ज क रावा

Details Of Change / बदलाची माहिती

change in details

Union for the / संघटना या साठी

in local / या विभागात

A copy of the resolution signed by the President/Chairman (*Struck off which ever is not applicable*) of the union is attached and I have to request that the union may be registered accordingly.

2

B.I.R Registration No	Trade Union Registration No	Local Area	Union Type

3. The Union was registered under the <sup>3</sup>[\*\*\*] Trade Unions Act 1926, on / सघटनेची नोंदणी ओद्योगि सघटना ँ यदा १९२६ नुसार या दिवशी ढे ली आहे

under certificate No / प्रमाणपत्र क्रमां

issued by <sup>4</sup>[the Registrar of Trade Unions].

4. <sup>1</sup>[The Union has the following membership in the industry/undertaking in the local area of

for the three calendar months immediately preceding the calendar month in which this Application is made :-

Month Name	No Of Members	Members In Percent

5. A copy of the constitution of the union is attached.
6. The Address of the Head Office of the Union to which all communication and notices may be addressed is / मुख्य ँ र्यालयाचा ँत्ता

State / राज्य

District / जिल्हा

City/Village / शहर / गाव

Pincode / ढिनड छ

Phone Number / दूरध्वनी क्रमां

Yours faithfully,  
Representative of employees\*

Position of the signatory with the employer or association of employees