



ASSOCIATES MEMBERSHIP

Application Form

Name of Company_____

Address_____

Pin_____Tel_____

e-mail_____www._____

Chairman/ President/ CEO_____

Tel_____Fax_____

e-mail_____

Mobile_____

Address_____

Name of the Personal Secretary_____

Mobile_____e-mail_____

Main line of Business_____

Latest Gross Turnover in Crores (INR)_____Financial Year_____

No. of Employees (approx.)_____Year of Establishment_____

We are engaged in Manufacturing ☐ Services ☐ Trading ☐ Start-up ☐

Location of major factories /branches _____

GST No. _____

Export Turnover \$_____Year_____

Countries we Export to_____

We nominate Mr. / Ms. _____

Designation_____ as our representative in CCI India.

Address_____

Mobile_____e-mail_____

Name_____Signature_____

We are sending herewith a Cheque/ DD No._____dated_____

for Rs. Seventy Thousand only being the Membership Fees plus GST @18% favoring **CCI India**.

Pls mention the UTR detailsif transfers through RTGS.

FOR OFFICE USE ONLY

This application was put before the Screening / Executive Committee meeting held on _____

and formally accepted / rejected.

Name _____Signature_____

Date_____