



ASSOCIATES MEMBERSHIP

Application Form

Name of Company_____

Address_____

Pin_____Tel_____Fax_____

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 _____

RTGS/ Fund Transfers for Rs. Seventy Thousands only being the annual subscription along with a onetime admission fee as applicable (according to subscription slab) plus GST @18% favoring CCI India. (Pls mention the RTGS details in Cheque/ DD No. if transfers through RTGS)

.....
FOR OFFICE USE ONLY

This application was put up to the Screening/ Executive Committee meeting held on _____ in _____ and formally accepted/ rejected.

Name _____ Signature _____

Date _____