

Application form for ASSOCIATE MEMBERSHIP



Federation of Indian
Chambers of Commerce
and Industry

Industry's Voice for policy Change



Application Form

For Associate Membership

DETAILS OF THE APPLICANT COMPANY

Name of Company _____

Address _____

_____ Pin _____

Tel _____ Fax _____

PAN No _____ TAN No _____

E-mail _____

Address in Delhi (if any) _____

_____ Pin _____

Tel (Off) _____ Fax _____

CEO/ Chairman/ President _____

Designation _____

Address _____

_____ Pin _____

Tel (Off) _____ Mobile _____ Fax _____

E-mail _____

A) Industrial Activity: B) Gross Income C) Trading Activity D) Consultancy

We are engaged in Trading/ Manufacturing/ Construction/ Hotel/ Information Technology/ Investment/ Leasing/ Hire Purchase/ Banking/ Merchant Banking/ Portfolio Management/ NBFCs/ Finance/ Insurance/ Marketing/ Advertising/ Brokering/ Safe Deposit/ Travel Agency/ Transport/ Printing and Publishing/ Cold Storage/ Research/ Consultancy/ Education/ Management/ Auditing/ Legal Firm/ Commission Agent and Agency Business.

Startup

We are a Start-up organization working towards innovation, development, deployment or commercialization of new products, processes or services driven by technology or intellectual property.

Main line of Business _____

Latest Gross Turnover in Crores (INR) _____ Financial Year _____

No. of Employees (approx.) _____ Year of establishment _____

Location of major factories/ branches _____

Export Turnover \$ _____ Year _____

Countries we export to _____

Whether the Company is Listed Yes No

Key Indian states of your business interest _____



We nominate Mr/ Ms _____ Designation _____
as our representative in FICCI.

Address _____

_____ Pin _____

Tel (Off) _____ Mobile _____ Fax _____

E-mail _____

Name of the Personal Secretary _____ Tel _____

E-mail _____

We are sending herewith a cheque/ DD no. _____ dated _____
for Rs. _____ being the annual subscription along with a onetime admission fee as
applicable (according to the subscription slab) plus service tax @ 15%.

Date	Name & Designation	Signature of the Applicant
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Existing Membership of any Chamber/ Association (This information is vital).

We are a member of _____

***Sponsorship**

We hereby certify that the applicant is a member of this Chamber/ Association.
We have pleasure in sponsoring this application for Associate Membership of the Federation.

Date	Name of Chamber/ Association	Name and Signature
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***If possible, please have your application sponsored**



Documents to be submitted along with the duly filled application form:

- Latest Audited Accounts (Income & Expenditure Account) of the company
- Corporate Brochure or Company Profile
- Cheque/DD no. _____ dated _____ for Rs _____ favouring FICCI (being the annual subscription along with a one time admission fee as applicable according to the subscription slab plus service tax @ 15%)

FOR OFFICE USE ONLY

Sponsorship: To be made by an Executive Committee Member/ Past President of FICCI

I have pleasure in sponsoring the application for Associate Membership of the Federation.

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

Please send the duly filled application form to

Mr K S Narayanswamy
Head-Membership
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E narayan.swamy@ficci.com

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