

APPLICATION FORM *for* ASSOCIATE MEMBERSHIP



FICCI

Federation of Indian
Chambers of Commerce & Industry

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

The Secretary
Federation of Indian Chambers of Commerce & Industry
Federation House, 1, Tansen Marg,
New Delhi - 110 001

Date: _____

Dear Sir,

We have the pleasure of applying for the Associate Membership of **FICCI** and request you to place our application before the Executive Committee of the Federation at the earliest and look forward to receiving your acceptance of the same.

Name of Company _____

Address: _____

_____ Pin: _____

Tel: _____ Fax: _____ e-mail: _____

Address in Delhi (if any) _____

_____ Pin: _____

Tel: _____ Fax: _____ e-mail: _____

Our Chief Executive is _____

Designation: _____ Tel.(Dir.): _____

We are engaged in Trading/Manufacturing/Construction/Hotel/Information Technology/Investment/Leasing/Hirepurchase/Banking/Merchant Banking/Portfolio management/NBFCs/Finance/Insurance/Marketing/Brokering/Safe deposit/Travel Agency/Transport/Printing and Publishing/Cold storage/Research/Consultancy/Management/Training/Auditing/Legal firm/Institutional/Commission agency/Agency business.

Main Line: _____

of

business _____

Our latest Turnover in The Year _____ Rs. _____

We are a Manufacturer/ Merchant exporter and have the status of an Export House/ Trading House/ Star Trading House/ Super Star Trading House/ E.O.U./ E.P.Z.

Export turnover: \$ _____ Year _____

Major Export markets _____

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

Location of major factories _____

We nominate Mr/Ms _____ Designation _____

as our representative in FICCI. All communication to him/her may kindly be sent at:

Address _____

_____ Pin _____

Tel. (off) _____ (Res) _____ Fax _____ e-mail _____

Name of Personal Secretary _____ Tel _____

We agree to abide by the Memorandum and Articles of Association and the Rules of the Federation
We are sending herewith a cheque on a Delhi bank or a draft payable at Delhi bearing no.

Dt. _____ for Rs. _____ being the annual subscription (as per enclosed tariff)
alongwith a one time admission fee as applicable

Yours truly,

Date

Name and Designation

Signature of the applicant

Existing Membership of Chamber/ any 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

***If possible for you, please have your application sponsored.**

Please attach the latest available Balance Sheet/Profit and Loss account, Corporate Brochure or Company Profile.

Please refer to the enclosed subscription tariff for the annual subscription amount applicable to you. Apart from the annual subscription amount, please also send a one-time admission fee as applicable without which the application cannot be processed. All payments should be made by a cheque on a Delhi bank favouring FICCI or by a draft payable at Delhi.

Please send the duly filled application form to Mr S Ratnam, Joint Director.

You may also contact him for all membership matters.

Ph : 2335 7368(D) 2373 8760-70 (11 lines) Fax : 2332 0714/ 23721504 E-mail: membership@ficci.com

(For office use only)

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

Date

Name

Signature

(To be made by an Executive Committee Member/Past President of FICCI)

This application was put up to the Membership Screening/ Executive Committee meeting held on

_____ In _____ and formally accepted for admission / rejected.

This member East West North South
belongs to zone

Date

Name

Signature of FICCI official

FICCI OFFICES

INDIA

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OVERSEAS

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