

(Application for Account Revolving Facility for CHAs)

NM Enrl No.- NM/

Date- / /

To,
The Executive Director,
Asian Exporters' Chamber of Commerce & Industry.
CBD Belapur.

Dear Madam,

We hereby would like to apply for revolving facility with AECCI for our routine documents-attestation. Please find below the desired details and activate the revolving facility. Thank you.

Yours' Faithfully

(Affix Rubber Stamp and Sign)

Authorised Accounts Person Name: _____			
Company Name: _____			
Address: _____			
Email id: _____			
Mobile/Phone No.: _____			
Your Registered Bank Details _____			
Select your plan(Tick the right option):	Option-1 <input type="checkbox"/>	Option-2 <input type="checkbox"/>	Option-3 <input type="checkbox"/>
	(Rs. 5000/-)	(Rs. 10000/-)	(Rs. 20000/-)

Terms & Conditions:

- In case of option change, fresh form would be required to be filled-in by the applicant.
- Change of option can be possible only during 25th to 31st of a calendar month.
- Failure to keep the minimum account charged during 25th to 31st of the calendar month will automatically disqualify you for the discounted fees and regular charges of Rs. 100/- per document will be applicable.

For Office Use :-

<input type="checkbox"/> Indemity Bond	Any Pending document <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Option Selected	Date of Joining <input style="width: 80%;" type="text"/>	Approved by <input style="width: 100%;" type="text"/>

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