

(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
(Rs. 5000/-)

Option-2
(Rs. 10000/-)

Option-3
(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 :-

Indemnity Bond

Any Pending document

Option Selected

Date of Joining

Approved by

HO:604, 6th floor, Hilton Center, Plot no.66 Sector No.11, CBD Belapur, Navi Mumbai-400614.

Tel. 022-412 711 45/46, Fax. 412 711 47, Email: info@aecci.org.in, Web: www.aecci.org.in