



## **APPLICATION FORM FOR ASSOCIATE MEMBER**

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Sourcing Enterprise

To,  
Executive Director  
Asian Exporters' Chamber of Commerce And Industry  
Navi Mumbai-India

Dear Sir,  
We hereby apply for Associate Membership of the ASIAN EXPORTERS' CHAMBER OF COMMERCE AND INDUSTRY and declare that the following information is true, correct and upto date.

Kindly acknowledge the receipt of the application and inform upon confirmation of our Associate Membership.

Yours Faithfully,

(Signature)

Date:

Affix Rubber Stamp

Name			
Designation			
Organization			
Address			

### **Associate Membership Fee\***

	Proprietor / Partner / Professional as Associate	Limited / Pvt. Limited / LLP as Associate	Trust / Educational Institute's / Bank as Associate
Admission fee	1,000	1,000	1,000
Annual subscription	4,500	5,500	7,000

Cheque/DD drawn in favour of "ASIAN EXPORTERS' CHAMBER OF COMMERCE AND INDUSTRY" to be sent with application. The membership confirmation subject to approval by the Chamber.

\* Service Tax as applicable.

### **FOR OFFICE USE**

PROPOSER#	SECONDER#	
NAME:	NAME:	
SIGNATURE OF AUTHORISED SIGNATORY AND COMPANY STAMP		
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This application was put up to the Review / Screening after Committee Board Meeting. Meeting held on dated _____ and formally accepted / rejected.		
MEMBERSHIP NO.....	VALID UPTO.....	APPROVED BY.....

# Note : Proposer and seconder should be member of the chamber.

**Details of the Applicant**  
 (TO BE FILLED IN CAPITAL LETTERS ONLY)

1. Name of the Applicant \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN           

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

3. Constitution of the company

Proprietorship  HUF  Partnership  Private Limited

Public Limited  AOP  LLP  Trust

Education Institute  Others (Please specify) \_\_\_\_\_

4. Details of Senior Management Team : (Chairman / Managing Director / CEO / COO)

Name	Designation	Nationality	Telephone No.	Cell No.	E-mail

5. Nature of Business

Manufacturer  Merchant Exporter  Service Provider  Custom House Agent

Others (Please specify) \_\_\_\_\_

6. Major business activities \_\_\_\_\_

7. Registration details

a) PAN \_\_\_\_\_ b) IE Code No. \_\_\_\_\_

c) CIN \_\_\_\_\_ d) MSME Regn. No. \_\_\_\_\_

e) RCMC No. \_\_\_\_\_ f) Other (Please specify) \_\_\_\_\_

8. Annual Turnover \_\_\_\_\_ 9. No. of Employees \_\_\_\_\_

10. Banker's Name & Branch \_\_\_\_\_

11. Payment details Rs. \_\_\_\_\_ Cash / Cheque / DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

12. Documents to be enclosed alongwith application for Membership.

- Completely filled, signed and stamped application.
- Requesting letter on company letterhead duly signed and stamped.
- Indemnity Bond on Rs.100 stamp paper.
- Self attested copy of PAN card.
- Self attested copy of IE Code No.
- Company Registration Certificate i.e. Shop and Establishment / Factory License etc. for professional membership : Certificate of the Institute.
- Payment in Cash / Cheque / DD towards requisite fees for membership.
- For more details / clarification contact or email us at membership@aecci.org.in