

APPLICATION FOR ASSOCIATESHIP

Date:

**MAHRATTA CHAMBER OF COMMERCE INDUSTRIES
AND AGRICULTURE**
MCCIA Trade Towers, ICC Complex, 403-A, S.B. Road
Pune 411 016

Dear Sir,

I / We desire to become An associate of the Mahratta Chamber of Commerce Industries And Agriculture, Pune, and hereby apply for associateship. I / We undertake to be bound, if accepted as an associate, by the Memorandum and Articles of Association of the Chamber.

Mr./Ms. _____ will act as our representative as per the omnibus resolution attached. (applicable only in case of Body Corporate)

Please find enclosed herewith a cheque / DD for Rs. _____ (In Words _____) being payment towards:

<i>① Annual Subscription</i>	<i>② Service Tax (12.36%)</i>	<i>③ Entrance Fees</i>	<i>TOTAL (①+②+③)</i>
<i>Rs.</i>	<i>Rs.</i>	<i>Rs.</i>	<i>Rs.</i>

vide Cheque / DD # _____ dated _____ drawn on _____
for the year _____.

Thanking you,

Yours faithfully

Signature

(MD/Prop./Partner/Autho.Signatory)

Note :

- Cheque / DD in full payment of subscription must accompany this form before the application can be submitted for approval. Your cheque / DD should be in favour of **“Mahratta Chamber of Commerce Industries And Agriculture”**
- Entrance fee will be 50 % of the annual subscription applicable with a maximum of Rs.5,000/-.

Recommendation by members of the Chamber

- | | |
|---|---|
| 1. Signature of Proposer _____ | 2. Signature of Seconder _____ |
| Name of the Proposer _____ | Name of the Seconder _____ |
| Name of the Company & Membership Number _____ | Name of the Company & Membership Number _____ |
| _____ | _____ |
| _____ | _____ |

(Note : Proposer and Seconder should be members of the Chamber and atleast one signatory should be a Executive Committee Member of the Chamber.)

INFORMATION OF THE APPLICANT

NAME OF THE COMPANY/APPLICANT			
Name of CEO & Designation		Name Authorised Representative & Designation	
Name			
Email / Cell			
Address for Correspondence		Factory Address	
Address			
Address			
City/Pin			
Tel #			
Fax #			
Email			
Web Site: www.			
Year of Estb.:	(DIC/SSI Registration - Micro <input type="checkbox"/> / Small <input type="checkbox"/> / Medium Scale <input type="checkbox"/> / Large Scale <input type="checkbox"/>		
Annual Sales Turnover	Rs:	for the year:	(* As per latest Bal. Sheet)
Gross Block Investment	Plant & M/c. Rs:	Land & Bldg. Rs:	Total Rs:
Exports to (Countries):			
Imports from (Countries):			
R & D Facility available? (YES / NO) If available, recognised by Govt.? (YES / NO)			
ISO / Other Stds /Awards:			
Foreign Collaborations? (Y / N) 100% EOU? (Y/N)		If 'Y' Names & Countries:	
▶ Employees (Nos.)	Managerial :	Staff :	Workers :
			Total:

Membership Description (Please tick)

1 Manufacturer	2 Trader	3 Exporter	4 Educational	5 Association	6 Professional
7 Govt./Semi Govt. Undertaking	8 Service Ind.	9 Other:			

Legal Status (Please tick)

1 Proprietary	2 Partnership	3 Pvt. Ltd.	4 Public Ltd	5 Other
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Industry (Please tick)

1 Agri-Business	2 Animation & Gaming	3 Auto & Ancillary	4 Bio Technology	5 Chemical
6 Construction	7 Educational	8 Electrical	9 Electronic	10 Finance / Insu.
11 Food Processing	12 Glass	13 I.T / ITES	14 Leather	15 M/c & M/c Tool
16 Fabrication	17 Metallurgical	18 Mineral Prod.	19 Packaging	20 Paper & Printing
21 Plastic	22 Pharmaceutical	23 Professionals	24 Real Estate	25 Rubber
26 Telecommun.	27 Textile	28 Transport Eqpt.	29 Travel & Tourism	30 Wooden
31 Job Work	32 Other:			

Products Manufactured and/or Brief Description of Business:

Signature

(MD/Prop./Partner/Autho.Signatory)

▶ **Note :** Please attach your product catalogue /separate sheet wherever necessary.

For Office Use Only

➤ Date of Acceptance : / / ➤ Associateship Register # _____

➤ Receipt # _____ dated _____ For the year : _____

Referred By: ① Personal Visit ② Walk-in ③ Media ④ From MCCIA - _____ Dept. ⑤ Other _____