



| Membership | No. |
|----------------|-----|
| SM LTD | |
| SM PVT LTD | |
| SM FIRMS | |
| SM ASSOCIATION | |
| SM INDIVIDUAL | |

ANDHRA CHAMBER OF COMMERCE
CHENNAI, SECUNDERABAD, VISAKHAPATNAM, VIJAYAWADA

APPLICATION FOR ANNUAL MEMBERSHIP

| | | |
|-------------------|--------------------|--------|
| Public Limited Co | Private Limited Co | Firms |
| Association | Individual | Others |

Date : _____

To,
The Chairperson,
ANDHRA CHAMBER OF COMMERCE,
"Velagapudi Ramakrishna Building"
23, Third Cross Street, West C.I.T.Nagar,
Nandanam, P.B.No.3368, Chennai-600 035.



Sir / Madam

We (Public Limited Co; Private Limited Co; Firms; Association; Individual; others (to be specified) _____) desire to be admitted as an "ANNUAL MEMBER" and have herewith sent you the entrance fees and the annual subscription of Rs _____ (Rupees _____) by pay order No. _____ dated _____.

Name : _____

Designation : _____

Signature : _____

Seal : _____

Name of the Proposer in block letters : _____

Is Proposer an annual or life member : _____

Proposer's membership No. : _____

If annual member, is current subscription paid : _____

Address of the Proposer : _____

Signature of the proposer with Seal : _____

Name of the Secunder in Capital letters : _____

Is the secunder an Annual or Life Member : _____

Secunder's membership No : _____

If Annual member, is current subscription paid : _____

Address of the Secunder : _____

Signature of the Secunder with Seal : _____

Date of receiving application in office : _____

Received in the off. by (Name) : _____

Signature : _____

Checked the application in the off by (Name) : _____

Signature : _____
with date

ADMISSION REPORT BY THE MEMBERSHIP SCREENING COMMITTEE

| | NAME | SIGNATURE | DATE | ADMIT | REJECT |
|---|------|-----------|------|-------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Committee's Report accepted / Rejected by Chairperson

Signature of Chairperson

Date : _____

ADMITTED ON DATE :

REMARKS :

MEMBERSHIP DATA PROFORMA

Name : _____
(in BLOCK LETTERS)

Specify category : _____

Address of the Member : _____

with PIN code _____

Post Box No. : _____

Telephone Nos. : _____

E.Mail : _____

Website : _____

Date of Establishment : _____

xerox copies of Documents to be enclosed along with Membership Application Form:

| Company Pvt./Pub Ltd | Partnership Firm | Proprietary/Individual | Chamber/Association |
|--|--|--|---|
| <input type="checkbox"/> TIN | <input type="checkbox"/> TIN | <input type="checkbox"/> TIN | <input type="checkbox"/> Regn. Certificate under Societies Act/ Companies Act |
| <input type="checkbox"/> DIN | <input type="checkbox"/> DIN | <input type="checkbox"/> DIN | |
| <input type="checkbox"/> AADHAR | <input type="checkbox"/> AADHAR | <input type="checkbox"/> AADHAR | |
| <input type="checkbox"/> Letter from Bank confirming it is operational Account | <input type="checkbox"/> Letter from Bank confirming it is operational Account | <input type="checkbox"/> Letter from Bank confirming it is operational Account | <input type="checkbox"/> List of Members |
| <input type="checkbox"/> TN VAT/AP VAT | <input type="checkbox"/> TN VAT/AP VAT | <input type="checkbox"/> TN VAT/AP VAT | <input type="checkbox"/> Annual Report Latest |
| <input type="checkbox"/> GST | <input type="checkbox"/> GST | <input type="checkbox"/> GST | |
| <input type="checkbox"/> PAN | <input type="checkbox"/> PAN | <input type="checkbox"/> PAN | <input type="checkbox"/> PAN |
| <input type="checkbox"/> I.E. CODE | <input type="checkbox"/> I.E. CODE | <input type="checkbox"/> I.E. CODE | |
| <input type="checkbox"/> Memorandum & Articles of Assn. | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Certificate of Profession | |
| <input type="checkbox"/> Annual Report (Latest) | <input type="checkbox"/> Firm Regn. Certificate | | |

Nature of Business - Manufacturer : _____

Exporter / Importer Merchant Exporter /
Wholesaler / Retailer : _____
(Please indicate Product line)

If Manufacturing Industry, whether Major/Medium/MSME
(Please enclose copy of Registration Certificate) : _____

Annual Turnover : _____

Registered Off. at : _____

Address : _____

Phone : _____

Fax : _____

Mobile : _____

Name of Directors / Partner / Proprietor : _____

Name of Representative in the Chamber
Represented by : Mr. _____

Designation : _____

Name/s of Banker/s : _____

Branch Name : _____

Associate Concerns : _____

Manufacturers of : _____

Exporters of : _____

Factory at : _____

Address : _____

Phone : _____

Fax : _____

Importers of : _____
Merchant Exporters of : _____
Wholesale Dealers in : _____
Retail Dealers in : _____
Commission Agents in : _____
Service Providers – Nature of Service : _____
Other Categories : _____
Profession/ Service, etc. : _____
Administrative off. at : _____

Address : _____
: _____
: _____

Phone : _____

Fax : _____

Mobile : _____

Branches : _____

Phone : _____

Fax : _____

Mobile : _____

Name : _____

Designation : _____

Signature : _____

Seal

P.S:- Members are requested to mention in detail the items manufactured / exported / imported/ dealt with as service providers / Wholesalers / Retailers / Commission Agents / Service provided. If the space provided is not adequate separate sheet/s may be attached to this proforma.



ANDHRA CHAMBER OF COMMERCE

CHENNAI, SECUNDERABAD, VISAKHAPATNAM, VIJAYAWADA

ANNUAL MEMBERSHIP FEES DETAILS

| | Categories | Admission Fee for first year | Annual Subscription | G S T | Total | Tick the Category |
|---|----------------|------------------------------|---------------------|-------|--------|-------------------|
| 1 | Public Ltd Co | 5000 | 5000 | 1800 | 11,800 | |
| 2 | Private Ltd Co | 5000 | 5000 | 1800 | 11,800 | |
| 3 | Firms | 2500 | 2500 | 900 | 5,900 | |
| 4 | Associations | 2500 | 2500 | 900 | 5,900 | |
| 5 | Individuals | 2500 | 2500 | 900 | 5,900 | |

Date application issued: _____