



Membership	No.
LM LTD	
LM PVT LTD	
LM FIRMS	
LM ASSOCIATION	
LM INDIVIDUAL	

ANDHRA CHAMBER OF COMMERCE

CHENNAI, SECUNDERABAD, VISAKHAPATNAM, VIJAYAWADA

APPLICATION FOR LIFE MEMBERSHIP

Public Limited Co	Private Limited Co	Firms
Association	Individual	Others

Date : _____

To,

The Chairperson,
ANDHRA CHAMBER OF COMMERCE,
“Velagapadi Ramakrishna Building”
23, Third Cross Street, West C.I.T. Nagar,
Nandanam. P.B. No. 3368, Chennai 600 035.

PHOTO
TO BE
AFFIXED

Sir / Madam

We (Public Limited Co; Private Limited Co; Firms; Association; Individual; others (to be specified) _____) desire to be admitted as a **“LIFE MEMBER”** and have herewith sent you the Life member's fees of ₹ _____ (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 at : _____
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.



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CHENNAI, SECUNDERABAD, VISAKHAPATNAM, VIJAYAWADA

LIFE MEMBERSHIP FEES DETAILS

	Categories	Life Membership Fees (20 Years)	GST@18%	Total Rs.	Tick the Category
1	Public Ltd Co	45,000	8100	53,100	
2	Private Ltd Co	45,000	8100	53,100	
3	Firms	20,000	3600	23,600	
4	Associations	20,000	3600	23,600	
5	Individuals	20,000	3600	23,600	

Date application issued : _____

