



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.



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

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### 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 :

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## 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

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**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

## LIFE MEMBERSHIP FEES DETAILS

S.No	Categories	Life Membership Fees (20 Years)	GST	Total	Tick the Category
1	Public Ltd Co	75000	13500	88500	
2	Private Ltd Co	75000	13500	88500	
3	Firms	37500	6750	44250	
4	Associations	37500	6750	44250	
5	Individuals	37500	6750	44250	

Date application issued : \_\_\_\_\_