



MEWAR CHAMBER OF COMMERCE & INDUSTRY

Mewar Chamber Bhawan, Nagori Garden, Bhilwara-311001 (Rajasthan) India
Phone No. +91 1482-220908, Fax No. 238948, Email: mcci@mccibhilwara.com

MEMBERSHIP FORM FOR “CORPORATE MEMBER”

The Hon'y Secretary General
Mewar Chamber of Commerce & Industry
Bhilwara-311001, Rajasthan

Folio No.

Dear Sir,

We wish to become “Corporate Member” of Mewar Chamber of Commerce and Industry. Kindly place my / our application before the Managing Committee of MCCI for their consideration & approval. We have also submitted/deposited corporate Membership fees, which details are as under:-

Corporate Membership Fees Rs.20,000/- (including GST)	
RTGS/NEFT Details/CHEQUE No. Dated/Amount	
Name of the Corporate Group	
Corporate Office Address with Email id & Phone No.	
Registered Office Address with Email id & Phone No.	
Local Address with Email id & Phone No	
Web address	
Contact No.	
Email address	
PAN NO.	
CIN No.	
GST No.	
Nature of Business/Activity	
Net Worth of Group as on 31.03.2020	
Gross Turnover as on 31.03.2020	
Listing of Securities Y/N, Name of the Exchange	

Details of various Units situated at various locations

S.No.	Locational Address of the Unit	Head of the Unit	Mobile No.	Email Id
1				
2				
3				
4				
5				
6				

Name of the Representative to represent the Company in Managing Committee of MCCI and to whom chamber's may intimate for any information and for attending any Seminar/Workshop etc organized by the chamber

S.No.	Name	Designation	Mobile No.	Email Id
1				
2				
3				
4				
5				

Details of Chairman/MD/ED/WTG/CFO/CEO/CS

S.No.	Name of the Chairman/MD/ED/WTG/KMP	Designation	Mobile No.	Email Id
1		Chairman		
2		Managing Director		
3		Executive Director		
4		Whole Time Director		
5		Co. Secretary		
6		CFO		
7		CEO		

Declaration:-

We hereby declare and submit that the information submitted as above are true and correct as per my knowledge and belief. We fulfill all the conditions to become the Corporate Member of MCCI.

Signature of the applicant with seal	
Name of the applicant	
Contact No.	
Email address	

Place :

Date :

Proposer		Secondar	
Signature of the proposer with Seal		Signature of the Secondar with Seal	
Proposer Name		Seconded by (Name of the person who seconded the proposal)	
Address of the Proposer		Address of the Secondar	
Contact No. of the Proposer		Contact No. of the Seconded	

Office Use only

Approved by_____

Details of Managing Committee in which application is approved.

Period of Subscription Received	Receipt No.	Dated	Amount

Encl :-

1. Latest Balance Sheet of the Group/Company
2. Copy of PAN Card of the Company
3. Copy of GST Registration