



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 “ASSOCIATE MEMBER”

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

Folio No.

Dear Sir,

We wish to become “Associate Member” of Mewar Chamber of Commerce and Industry. Kindly place my / our application before the Managing Committee of MCCI for their consideration & approval.

Name of the Organization/Establishment/ Applicant/Associate Member	
Registered/Office Address with Email id & Phone No.	
Local/City Office Address, if any with Email id & Phone No, if any	
Status- Company/LLP/Firm/Proprietorship/Society/ Co-operative Society/AOP/HUF/Individual	
Web address, if any	
Contact No./Mobile No. Alternative Contact No.	
Email address: Alternative Email:	
PAN NO.	
CIN No. /Registration No.	
GST No.if any	
MSME Registration No. if any	
Membership of other Chambers/Associations, if any	
Year of Establishment	
Name of Group Company	
Nature of Business/Activity (a) Manufacturers of----- (b) Trading of----- (c) Service Provider-----	
Net Worth of as on 31.03.	
Gross Turnover as on 31.03.	
Listing of Securities Y/N, Name of the Exchange	

Location of the Factory/Unit

S.No.	Factory/Unit Address of the	Head of the Unit	Mobile No.	Email Id
1				

Name of the Representative to represent the Company in Managing Committee of MCCI

S.No.	Name	Designation	Mobile No.	Email Id
1				

Name of the Person 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				

Details of Chairman/MD/ED/WTB/CFO/CEO/CS (in case of Company)

S.No.	Name of the Chairman/MD/ED/WTB/KMP	Designation	Mobile No.	Email Id
1				
2				
3				
4				
5				
6				

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

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 Associate Member of MCCI.

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

Place :

Date :

Payment of Fees:-

Payment should be made in favour of "Mewar Chamber of Commerce and Industry" Payable at Bhilwara through Cheque/RTGS/NEFT.

Our Bank details are as under:-

Name : Mewar Chamber of Commerce & Industry
Bank : Central Bank of India
Branch : Bhopalganj, Bhilwara-311001
Current A/C No : 3607083783
IFSC Code : CBIN0280436

We have also submitted/deposited Associate Membership fees, which details are as under:-

Associate Membership Fees Rs.3500/- Plus GST Rs. 630/- Total Rs. 4130/-	
RTGS/NEFT Details/CHEQUE No. Dated/Amount	

Enclosures:-

1. Copy of PAN Card of the Organization/Establishment/Unit
2. Incorporation Certificate of the Company/LLP
3. List of Directors/Partners
4. Copy of latest Balance Sheet alongwith copy of ITR
5. Copy of Business Adhar
6. MSME Certificate, if available
7. Copy of GST Registration

Office Use only

Approved by _____

Details of Managing Committee in which application is approved.

Period of Subscription Received	Receipt No.	Dated	Amount

Associate Members Fees Rs. 3500/- Plus GST Rs. 630/- Total Rs. 4130/-