Indian Chamber of Commerce & Industry, cochin

(Affiliated to FICCI -The Federation Of Indian Chambers Of Commerce and Industry, New Delhi)
P.O. Box No. 236, Indian Chamber Road, Cochin -682 002.
Ph.: (0484) 2225966, 2224335 W.I. Off.: 2666901 Fax: 91-484-2224203. Airport Office : 0484 2611020
E-mail: info@iccicochin.com, iccicochin@eth.net Website: www.iccicochin.com

1. Full Name of Applicant

2. Status of applicant State Whether (Please Tick)

a) Individual or

b) Joint Hindu Family or

c) Partnership Firm or

d) Company

3. Office Address

Telephone No. Office (with STD code)

Residence (with STD code)

Mobile:

Fax No.

Email:

4. Residential Address:

5. Name of two authorised representatives:

I

II

Mobile No:

Email:

6. State the period for which the firm has been in business (from year to year)

7. Nature of Business

8. State Whether the apllicant is a memeber of any Trade Association, if so give particulars.

9. Name and address of Bankers

Seal & Signature of Applicant

I/We here by declare that the information contained in the above application is true to the best of my/our knowledge.

I/We, if admitted as Member, hereby appoint..... as my/our Authorised Representative under and for the purpose of the Articies of Association and Bye-laws.

\

Seal & Signature of Applicant

Place:

Date:

Personal Use

Name & Signature of :

Authorised Representative.....

Alternate (if any).....

We, the undersigned, being Members of the Indian Chamber of Commerce & Industry, Cochin, do propose and second M/s.....
for admission to membership.

PROPOSER
Name of member

Signature

SECONDER
Name of Members

Signature:

---

for office use only

Admission Fee Rs. ...../- paid by cheque / DD No: ..... dt.....

drawn on.....

Anual Subscription Rs...../- paid by cheque DD No..... dt.....

drawn on .....

Enrolled as a Member as per decision of the Committee meeting dated.....

Membership No. .....

PROFORMA

Name of the Member

Address for Communication

Telephone Office Res.

Mobile: Fax

E-mail Address:

Website

Chief Executive:Mr./Mrs./Dr.

Contact person/s

Business Activities.

Date : Seal and Signature