

Date:
The Secretary, Indian Chamber of Commerce for Affirmative Action, 39/2011, Shivam CHS, Gandhinagar, Bandra East, Mumbai-400051
Dear Sir,
I wish to apply for Membership of ICCAA. The application form duly completed, is submitted along with all relevant documents.
Kindly acknowledge receipt of the same and confirm our membership.
Yours faithfully,
(Signature)
Name:
Designation:
Company:
Address:

Enclosed herewith:

- Duly filled application form
- Latest audited balance sheet/annual report/audited accounts
- Company Profile/Introduction letter
- SSI Registration certificate, if applicable
- Note on expectation form ICCAA
- List of key Management personnel
- DD/Cheque



Application Form

1.	Name of Company/Organ	nisation:			
2.	Name of CMD/CEO/Own	er:			
3.	Registered Office Addres				
4.	Address for corresponde	nce:			
5.	Contact Details				
	Telephone No.:-		Fax:		
	Mobile No.:-		Email:		
	Website:				
6.	Nature of Business:	Manufacturing	Services	Others	
7.	Type of incorporation:	Public Ltd.	☐ Private Limited	Partnership	
		☐ Proprietary	LLP	Others	



8. Date of Incorporation:						
9. Scale:	☐ Micro					
10. Company Data:						
(i) Capital employed (Investment in plant & machinery): Rs.						
(ii) Annual Sales Turnover: Rs In year In year						
11. Major Activities						
>Manufacturer of:						
>Agents/Distributor of:						
>Services rendered:						
12. What are your expectations from ICCAA: (attach separate sheet if necessary)						
13. Associations & Affiliations: (a) Whether Member with any other Associations/Chambers similar to ICCAA?						
(b) If yes, name the Associations/Chamber (attach separate sheet if necessary)						
(c) Whether registered with any Govt. body/ Trade Association? (attach separate sho	eet if necessary)					
(d) Whether registered with MSME? If yes,						
EM-Part2 No.:-						



. Payment details: (a) Entrance Fee: Rs.	(b) Membership Fee: Rs		
Our Cheque/DD No.	Dated	Drawn on	favouring
"Indian Chamber of Commerce for Affire	mative Action" is	s enclosed.	
I/We, hereby give my declaration to al	bide by the rules	& regulations of the Chan	nber.
Name:			
Designation:			
Signature:			
Date:			
F	or ICCAA office ι	ise only	
Received by:		Date:	
Membership No:		Туре:	
DD/Cheque No.:-		Remarks:	