



ANDHRA PRADESH CHAMBERS OF COMMERCE AND INDUSTRY FEDERATION

The power to shape the future

3rd FLOOR, CORPORATE BUILDING, 40-1-144, M.G.ROAD, VIJAYAWADA 520010. [ANDHRA PRADESH - INDIA]
Telephone: +91 866 2482888 Email: federation@apchamber.in Website: www.apchamber.in

GENERAL MEMBERSHIP APPLICATION FORM

Name of the Organisation																			Affix Photograph here											
Name of the Applicant																														
Designation																														
Mobile No.																														
Full Address																														
Landline 1	S	T	D																Landline 2				Fax				PIN			
Email Id																														
Alternate Email Id																														
Website																														
Company Turnover	Update (in lakhs)									Previous (in lakhs)																				
Constitution of business	Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		H U F <input type="checkbox"/>		Government <input type="checkbox"/>		P S U <input type="checkbox"/>		Company(Private) <input type="checkbox"/>		Company(Public) <input type="checkbox"/>		L L P <input type="checkbox"/>		Other <input type="checkbox"/>													
Year of Establishment										GST Number																				
Company Regn. No.										Import Export Code																				
Central Excise No.	D	D	M	M	Y	Y	Y	Y	T I N																					
P A N										D I N																				
Main line of business	Manufacturing <input type="checkbox"/>		Trade <input type="checkbox"/>		Services <input type="checkbox"/>		I T <input type="checkbox"/>		Exports <input type="checkbox"/>		Imports <input type="checkbox"/>																			
Business / Industry	Mainly																													

SUBSCRIPTION AMOUNTS

Code	Category	Turnover In Crores	Admission Fee with GST 18% (One Time)	Annual Subscription with GST 18% (Yearly)	Voting Rights
C - 1	Membership Category	Above 200	Rs. 3,540	Rs. 59,000	20
C - 2		Above 50 to 200	Rs. 3,540	Rs. 29,500	10
C - 3		Above 25 to 50	Rs. 3,540	Rs. 11,800	4
C - 4		Upto 25	Rs. 3,540	Rs. 5,900	2

ADDITIONAL INFORMATION

Contact person / Personal Assistant Name																	
Designation																	
Mobile No.										Email Id							
Addl. Service req.		Certificate of Origin					<input type="button" value="Yes"/>		<input type="button" value="No"/>		Visa Recommendation			<input type="button" value="Yes"/>		<input type="button" value="No"/>	
Other Trade Bodies with which the applicant is affiliated or associated		1															
		2															
		3															

Subscription Payment Details

Mode		Cash <input type="checkbox"/>		DD/BC <input type="checkbox"/>		Chq. <input type="checkbox"/>						Date		D	D	M	M	Y	Y	Y	Y
Bank Name										Branch											

APPLICATION - FORM FILLING INSTRUCTIONS

1. The application form shall be filled in block letters and preferably in Black ink. Furnish all the required details as neatly and completely as possible without over-writings.
2. "Business Mainly" and "Partly" in the first page are to categorise business activities; this should help others to source their requirements. Please fill-in with appropriate details and if necessary, use add sheets. Generalisations like 'Imports & Exports' 'Trading', 'Professional Service', etc., may be avoided.
3. **Every applicant shall pay the specified one time Admission Fee and Subscription for the current year. The amount of GST 18% will vary according to the Govt. regulations.**
4. All payments shall be made by Demand Draft/Banker's Cheque/Cheque favouring **"Andhra Pradesh Chambers of Commerce and Industry Federation"** drawn on any scheduled bank payable at VJA.
5. The Andhra Pradesh Chambers reserves the right to reject any application for membership without assigning any reason and the amount paid along with the application will be refunded.
6. **Along with the application please attach Company Incorporation Certificate & PAN
Otherwise please attach Applicant personal Aadhar & PAN as supporting documents**

Declaration

I/We solemnly affirm that the information furnished in this Membership Application Form is true and correct to the best of my/our knowledge and in case of any change, I/we undertake to inform the Andhra Pradesh Chambers promptly. We agree to abide by the Andhra Pradesh Chambers Rules & Regulations as amended from time to time. I/We understand that membership of the Andhra Pradesh Chambers is subject to acceptance of this application.

Date

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Signature of the Applicant (with seal)

Proposed by

Name : _____

Designation : _____ Mem.Code : _____

Company : _____

City : _____

Signature : _____

FOR OFFICE USE

Received on	D	Receipt No.		Amount	
Memb. Comm.	D	Membership No.		Category	A C
Board of Directors	D	Regd. On	D	By	
Member Intimated	D	Verified on	D	By	