



# Federation of Andhra Pradesh Chambers of Commerce and Industry

*Empowering Industry, Commerce and Trade*

**Regd. Office - Vijayawada**

D.No. 54-16-1/2-A, 3rd Floor, Central Excise Colony, Gunadala, Vijayawada - 520004

Phone : 0866 - 2452256, Fax: 0866 - 2453356; Email: info@fapcci.in; info.vijayawada@fapcci.in

Corporate Identification Number (CIN)U85300AP2019NPL112312

## MEMBERSHIP APPLICATION FORM

Name of the Organisation																			
Flat/Room/Door/Block No.														Floor No.					
Name of premises/bldg.																			
Lane/Street/Road																			
Post Office																			
Area/Locality																			
Town/City/District														PIN					
Telephone 1	S	T	D													Telephone 2	S	T	D
Telephone 3	S	T	D													Telephone 4	F	A	X
Email																			
Website																			
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"/>	.....										
GST No.																			
Company Regn. No.										Import Export Code									
Estt./Incorporation Date		D	D	M	M	Y	Y	Y	Y										
Mainline of Business	Manufacturing	<input type="checkbox"/>	Trade	<input type="checkbox"/>	Services	<input type="checkbox"/>	IT	<input type="checkbox"/>	Exports	<input type="checkbox"/>	Imports	<input type="checkbox"/>							
Business mainly																			
Partly - 1																			
Partly - 2																			
Addl. Service req.	Certificate of Origin	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Visa Recommendation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	.....								
Address of Regd. Office (If different from the one Stated above)																			
Main Banker																			
IFSC Code										MICR No.									
Town / City																			
Account No.												Type of Account	Current	<input type="checkbox"/>	Saving	<input type="checkbox"/>			

## Representative (any one in order of priority)

Representative Name																									
Designation																									
Mobile										Phone										S		T		D	
Email																									
PAN																									
DIN																									
DOB		D	D	M	M	Y	Y	Y	Y																
																		Signature							

Affix Photograph here

1 <sup>st</sup> Alt. Representative Name																									
Designation																									
Mobile										Phone										S		T		D	
Email																									
PAN																									
DIN																									
DOB		D	D	M	M	Y	Y	Y	Y																
																		Signature							

Affix Photograph here

2 <sup>nd</sup> Alt. Representative Name																									
Designation																									
Mobile										Phone										S		T		D	
Email																									
PAN																									
DIN																									
DOB		D	D	M	M	Y	Y	Y	Y																
																		Signature							

Affix Photograph here

Contact person																										
																		DOB		D	M	M	Y	Y	Y	Y

### DECLARATION

*I/We solemnly affirm that the information furnished in this Membership Application Form is true and correct to the best of our knowledge and in case of any change, I/We undertake to inform FAPCCI promptly. I/We agree to abide by the FAPCCI Memorandum and Articles of Association as also its' Fair Business Practices Code as amended from time to time. I/We understand that membership of the FAPCCI is subject to acceptance of this application.*

Date	D	D	M	M	Y	Y	Y	Y
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*Signature of the Applicant (with seal)*

### FOR OFFICE USE

Received on	D	D	M	M	Y	Y	Y	Y	Receipt No.									Amount Rs.					
Memb. Dev. Comm	D	D	M	M	Y	Y	Y	Y	Membership No.									Panel	A	B	C	D	E
Managing Comm.	D	D	M	M	Y	Y	Y	Y	Regd. on	D	D	M	M	Y	Y	Y	Y	By					
Member Intimated	D	D	M	M	Y	Y	Y	Y	Verified on	D	D	M	M	Y	Y	Y	Y	By					

## RESOLUTION BY COMPANY

RESOLVED that Mr./Mrs. \_\_\_\_\_ be and hereby authorized to represent the company/orgn., \_\_\_\_\_ at FAPCCI, failing which Mr./Mrs. \_\_\_\_\_ or Mr./Mrs. \_\_\_\_\_ whose specimen signatures are affixed herebelow :

Name	Designation	PAN	Signature
Mr./Mrs. _____	Managing Director	ABCDE1234Z	
Mr./Mrs. _____	Executive Director	ABCDE1234Z	
Mr./Mrs. _____	Chief Executive Officer	ABCDE1234Z	

Date :

Company Secretary

## PROCURATION BY PARTNERSHIP FIRM

We, the partners of the firm, hereby make and appoint Mr./Mrs. \_\_\_\_\_ to represent our firm, \_\_\_\_\_ at FAPCCI, failing which Mr./Mrs. \_\_\_\_\_ or Mr./Mrs. \_\_\_\_\_ whose specimen signatures are affixed herebelow:

Name	Designation	PAN	Signature
Mr./Mrs. _____	Managing Partner	ABCDE1234Z	
Mr./Mrs. _____	Partner	ABCDE1234Z	
Mr./Mrs. _____	General Manager	ABCDE1234Z	

Date :

Partners

## RESOLUTION BY CHAMBER/ASSOCIATION

RESOLVED that Mr./Mrs. \_\_\_\_\_ be and hereby authorized to represent the \_\_\_\_\_ Chamber of Commerce / Association, at FAPCCI, failing which Mr./Mrs. \_\_\_\_\_ or Mr./Mrs. \_\_\_\_\_, whose specimen signatures are affixed herebelow.

Name	Designation	PAN	Signature
Mr./Mrs. _____	President	ABCDE1234Z	
Mr./Mrs. _____	Secretary	ABCDE1234Z	
Mr./Mrs. _____	Member	ABCDE1234Z	

Date :

Secretary

## MEMBERSHIP APPLICATION – FORM FILING INSTRUCTIONS

1. The application form shall be filed in block letters and preferable with Black ink pen. Furnish all the required details as neatly and completely as possible without over-writings.
2. Mainline of Business in the first page are to categories business activities to help others to source their requirements. Please fill-in with appropriate details and if necessary, use additional sheets, Generalisations like 'imports & Exports', Trading, Professional Service etc., may be avoided.
3. The Signatory to the application shall furnish complete details, furnish all the specified documents to be submitted along with the application and affix his/her signature with date and the seal of the organization.
4. The applicant shall nominate its representative and alternate representative/s by a signed copy of resolution or procuracy, in the specified format only. Applicant's Representative shall self-attest his copy of PAN.
5. An applicant seeking membership under the MSE Category (Panel C), irrespective of its status, shall furnish a Certificate as a Micro & Small Enterprise (industry) from appropriate statutory authority.
6. Every applicant shall pay the specified Admission Fee and Subscription for current year plus one year in advance at the time of submission of the application for membership
7. For the purpose of subscription "year" is reckoned as a period of 12 calendar months starting from April and "Quarter" means each period of three calendar months starting with April every year.
8. All payments shall be made by Demand Draft / Banker's Cheque favouring "FAPCCI" drawn on any scheduled bank payable at Vijayawada.
9. FAPCCI reserves the right to reject any application for membership without assigning any reason
10. **Life Membership:** A sum equivalent to ten times of Annual Subscription, applicable to all categories or ordinary members. The validity of Life Members shall be 15 years and one time of admission fee i.e. half of the annual subscription fee under the applicable category.
11. As per Articles of Association of FAPCCI the membership to be renewed before 31<sup>st</sup> March every year by paying the annual subscription as per applicable respective categories.

### LIST OF DOCUMENTS TO BE FURNISHED ALONG WITH MEMBERSHIP APPLICATION

Requirement	Company	Partnership Firm	Proprietary Concern	Professional	Association / Chamber of Commerce
Regn.Cert-Tax	GST	GST	GST	GST	GST
Regn.Cert.	Companies Act	Registration of Firm		Professional Body	Societies Act
Industry (Opt)	MSE Regn. Cert	MSE Regn. Cert	MSE Regn. Cert		
Income Tax	PAN (Company)	PAN (Firm)	PAN (Proprietor)	PAN (Professional)	PAN (Association)
Representative	Photograph, PAN	Photograph, PAN	Photograph, PAN	Photograph, PAN	Photograph, PAN
Resolution	Board of Directors	Procuracy by Partners	Self Declaration	-	Managing Committee
Support Docs	Memo. & Articles	Partnership Deed	-	Prof. Cert (ICAL etc)	Memo. & Articles
Export/ Import	Imp. & Exp. Code	Imp. & Exp. Code	Imp. & Exp. Code	-	Members List

### SCHEDULE OF FEES

Panel	Company	Admission fee	Annual Subscription
A	Company	3000	6000
B	Affiliate (Association/ Chamber of Commerce)	1500	3000
C	Micro & Small Enterprises (MSE)	1500	3000
D	Firm/ Individual / Proprietary Concern	1250	2500