

## Merchants' Chamber of Commerce & Industry 15-B, Hemanta Basu Sarani, Kolkata - 700 001 • Phone: 033 2262 5070 & 71 E-mail: mcciorg@mcciorg.com • Website: www.mcciorg.com

Form No.:

CIN: U91110WB1946NPL013477 GSTIN: 19AACCM2989B1ZD

## MEMBERSHIP APPLICATION FORM

	F0I	Znamber Use Oni	<u>y</u>						
Application Received on	Date of Admission	Membership Number	Intimated on	Signature					
(FORM TO BE FILLED IN CAPITAL LETTERS)									
Name of Company/Firm									
Address									
City	Pin Code								
GSTIN	PAN								
Telephone									
Email									
Email									
Website									
Name of the Chief Executive Officer									
First Name	Middle Name Last Name								
Designation	Mobile		WhatsApp						
Telephone	Email								
Name of Nominee									
First Name		Middle N	ame	Last Name					
Designation	ation Mobile		WhatsApp						
Residental Address									
Telephone									
Email									
Type of Business Organisation :									
Public Limited □	Private Limited□	Partnership⊟	LLP□	Proprietorship 🗌					
Year of Commencement of Business :									
Sector of Activity - N	lanufacturing□	Services□	Agricultur	e					

## **Full Particulars of Business**

Industry -	a. Scale of Operation	n - Large □	MSME □					
b. Product Range								
	c. Export Items							
Trade -	a. Internal Trade -	Wholesale 🗌	Retail □	Agency 🗌				
b. Foreign Trade - Major Items of Export/Import								
Profession - Nature of Services Rendered								
Agriculture - Nature of Activities								
Membership of	Other Chambers/Asso	ciations/Professi	onal Bodies :					
TYPE OF ME	EMBERSHIP	ADMISSION FEE (One Time)	ANNU	AL SUBSCRIPTION	TICK BELOW			
Pat	ron	NIL	F	Rs. 7,00,000.00				
Corpo	orate	NIL		Rs. 75,000.00				
General		Rs. 7,500.00		Rs. 7,500.00				
Affiliated		Rs. 5,000.00		Rs. 5,000.00				
					Add : GST @18%			
Documents required - Latest Balance Sheet and Annual Report								
I/We hereby apply to be admitted as (see Membership table) a								
Commerce & Industry for the yearand declare that all the information supplied in this Membership								
Application Form is true and complete.								
A cheque No								
Fee and Annual Subscription.								
Date Applicant's Signature with Rubber Stamp								
Name of Proposer Member Name of Seconder Member								
	Cionatura			0: (				
Signature Rubber Stamp with Designation			Signature Rubber Stamp with Designation					