



INDIAN MERCHANTS' CHAMBER

IMC BLDG, IMC MARG, CHURCHGATE, MUMBAI - 400 020
 PHONE NO : 2204 6633 • FAX : 2204 8508 / 2283 8281.
 E-mail : imc@imcnet.org • Web Address : http://www.IMCnet.org



MEMBERSHIP APPLICATION FORM

Date : _____ 200_____

To,

The Director General
 The Indian Merchants' Chamber,

Dear Sir,

We hereby submit the application for enrolment as * Patron / Ordinary Member of your Chamber. We have read the Memorandum and Articles of Association of the Chamber and agree to abide by the same and declare that the following particulars are correct in every respect.

We are a Public Limited Company / Private Limited Company / Partnership Firm / Proprietorship / Practicing Professional / Association / Co-operative Society / Trust. We are sending herewith a sum of Rs. _____ being the admission fee of Rs. _____ and subscription fee of Rs. _____ for the financial year i.e. October to March.

Yours faithfully,

 To be signed by the Authorized Representative
 (Affix Rubber Stamp)

* Strike out whichever is not applicable / Payment by Cash/Cheque/ D.D in favour of Indian Merchants' Chamber

Category of Members	Local		Mofussil **	
	Admission Fee Rs.	Subscription Fee Rs. (October to March)	Admission Fee Rs.	Subscription Fee Rs. (October to March)
Patron Membership (Per Annum)	2,00,000		2,00,000	
Public Limited Company / Statutory Corporation / Government Company	10,000	5,000	7,500	3,750
Private Limited Company	5,000	2,500	3,900	1,950
Partnership Firm	3,000	1,500	2,400	1,200
Sole Proprietor / Practicing Professional	2,400	1,200	1,800	9,00
Association / Co-operative Society / Trust	2,400	1,200	2,000	1,000

* **Service Tax Will be applicable@10.3%**

** Members not having place of business or head office or registered office in the area of Greater Mumbai and within 121 km of its radius.

For Office Use.

Received Rs. _____ by Cash / Cheque / DD No _____

Dated _____ drawn on _____

NAME OF APPLICANT (ORGANIZATION): _____

ADDRESS : _____

_____ PIN _____

NAME OF THE REPRESENTATIVE : _____ DESIGNATION : _____

TEL : _____ FAX: _____ MOBILE : _____

EMAIL : _____ WEB ADDRESS : _____

BUSINESS DETAILS

MAJOR ACTIVITIES : MANUFACTURERS TRADERS EXPORTERS / IMPORTERS
 SERVICES PROFESSIONALS

1) MANUFACTURERS OF : _____

SCALE: LARGE SMALL MEDIUM ENTERPRISES (SME's) TINY

2) EXPORTERS OF : _____

SCALE: EXPORT HOUSE TRADING HOUSE STAR TRADING HOUSE
 E.O.U E.P.Z OTHERS

COUNTRIES TO WHICH EXPORTING: _____

3) IMPORTERS OF : _____

COUNTRIES FROM WHICH IMPORTING: _____

4) SERVICE SECTOR : SERVICES RENDERED : _____

5) PROFESSIONALS : _____

ADDITIONAL INFORMATION :

1) NAME AND ADDRESS OF THE PRINCIPAL BANKER OF THE APPLICANT (ORGANIZATION):

2) IF THE APPLICANT IS A MEMBER OF OTHER CHAMBER OF COMMERCE OR TRADE ASSOCIATION, PLEASE STATE THE NAME AND ADDRESS OF SUCH ORGANIZATIONS.

3) NAMES & ADDRESSES OF EXECUTIVE DIRECTORS / PARTNERS / PRESIDENT AND SECRETARY (in case of associations and societies)/NAMES OF TRUSTEES (in case of trust).

NAME	DESIGNATION	ADDRESS
_____	_____	_____
_____	_____	_____

For Office use Only:

PROPOSER:

SECONDER:

NAME :	_____	NAME :	_____
DESIGNATION:	_____	DESIGNATION:	_____
COMPANY :	_____	COMPANY :	_____
SIGNATURE :	_____	SIGNATURE :	_____

Notes:

Proposer must be a member of the Managing Committee or a Past President of the Chamber or a member of the chamber for a continuous period of not less than 5 years and Seconder must be any member of the Chamber.

If the applicant is

- Company: Please attach an attested copy of Certificate of Incorporation and Company Identification Number (CIN).*
- Partnership / Proprietary Concern: Please attach an attested copy of PAN and certificate of registration under Shops and Establishment Act / Latest Telephone Bill / Electricity Bill.*
- Co-operative Society / Association : Please attach an attested copy of Certificate of registration under the relevant Act.*
- Professional : Please attach an attested copy of the relevant proof of membership of their professional body.*

Branch Offices:

➤ The Commodity Exchange, Room No. 616 & 617, 6th Floor, Plot No 2, 3, & 4, Sector 19, Opp.Dana Bunder, Vashi, Navi Mumbai – 400 705, TEL.: 2784 2466, 2784 2467, TELEFAX : 2784 2467

➤ Unit No.4/15, Sona Udyog, Premises Co-op. Soc. Ltd., 3rd fl., Parsi Panchayat Road, Andheri (E), Mumbai 400 069. Telefax: 28270517;
imc.andheri@gmail.com

