

PHD CHAMBER OF COMMERCE AND INDUSTRY
APPLICATION FORM FOR MEMBERSHIP

The Secretary General
PHD Chamber of Commerce and Industry
PHD House
4/2, Siri Institutional Area
August Kranti Marg
New Delhi 110016

For CHAMBER USE
<i>Membership No</i> _____
<i>Approved on</i> _____ <i>Wef.</i> _____
<i>Category</i> _____

Dear Sir,

We wish to apply for Membership of the Chamber. The Application Form, duly completed is submitted along with the relevant supporting documents and cheque/DD* No. _____ dated _____ towards Membership Subscription and Additional Subscription drawn on _____ for Rs. _____. Kindly acknowledge receipt of the above and confirm our Membership.

Yours faithfully,

(Signature)
Name & Designation with Co's seal

Proposed by ** _____
(Signature of Authorised Representative)

(Name of the member-firm)

Seconded by ** _____
(Signature of Authorised Representative)

(Name of the member-firm)

Full Name & address of Applicant _____
(Name of the organization)

Profession, Business or Occupation _____
(Please specify) _____

- Cheque/Demand Draft may please be drawn in favour of “**PHD Chamber of Commerce and Industry**”
- ** The Application is to be **proposed** and **seconded** by any **two members of the Chamber.**

ADMISSION FORM FOR MEMBERSHIP

We would like to apply for admission as **Ordinary/Professional/Association Member** of the Chamber. In the event of our enrolment as a member, we shall be bound by the Memorandum and Articles of Association of PHDCCI.

1. Name of Applicant
- 2.1 Address for Correspondence
Tel. Fax E mail
- 2.2 Address of Head Office (if applicable)
.....
Tel. Fax..... E mail
- 2.3 Address of the Manufacturing units(s) (Please add extra sheet if space is not adequate).....
.....
Tel. Fax..... E mail
3. Whether a
 Firm sole proprietary concern company body corporate society
 Other body engaged in trade/services/agriculture
4. Year of Establishment
5. Major Business Activities
.....
Minor Business Activities
.....
6. Funds Deployed
7. Name of the Proprietor/Directors/Partners
.....
.....
8. Name of Chief Executive
9. Name of the Authorized Representative(s)/Contact Person(s) (Not more than two)
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10. Name the other organizations/Chambers/Associations of which you are a member.
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11. (i) Gross Total Turnover
- (ii) Gross Turnover in the **Northern Region** comprising presently of Chandigarh, Chhattisgarh, Delhi, Haryana, HP, J&K, MP, Punjab, Rajasthan, Uttaranchal, and UP (**Please mark the applicable category below**)

* Additional Subscription on Admission (One Time)		Rs.	1,000 (Flat)
* Ordinary Members		Rates of Annual Subscription (Rs.)	
Not Exceeding Rs. 1 crore	<input type="checkbox"/>		5,000
Exceeding Rs. 1 crores but not exceeding Rs. 5 crores	<input type="checkbox"/>		7,500
Exceeding Rs. 5 crores but not exceeding Rs. 15 crores	<input type="checkbox"/>		10,000
Exceeding Rs. 15 crores but not exceeding Rs. 25 crores	<input type="checkbox"/>		12,500
Exceeding Rs. 25 crores but not exceeding Rs. 50 crores	<input type="checkbox"/>		15,000
Exceeding Rs. 50 crores but not exceeding Rs. 100 crores	<input type="checkbox"/>		20,000
Exceeding Rs. 100 crores but not exceeding Rs. 250 crores	<input type="checkbox"/>		25,000
Exceeding Rs. 250 crores	<input type="checkbox"/>		30,000
*Professional Members			
Annual billing not Exceeding Rs. 1 crore	<input type="checkbox"/>		5,000
Annual billing Exceeding Rs. 1 crore	<input type="checkbox"/>		7,500
* Association Members (As may be fixed by the Mg. Committee)		Rs.	5,000 (Minimum)

12. PAN No.

13. How do you expect to benefit from the membership of the Chamber.

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Place _____

Signature _____

Date _____

(Name & Designation with seal)