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Application
received on :

MEMBERSHIP
CODE NO.

KANDLA TIMBER ASSOCIATION

(NON TRADING CORPORATION)

(Regd. No. G - 3111 29-5-1990)

"TIMBER BHAVAN", Plot No. 47, Sector 8, P. B. No. 172, Gandhidham - Kachchh - 370 201.

MEMBERSHIP APPLICATION FORM

The Hon. Secretary,
Kandla Timber Association,
Gandhidham - Kutch.

I / We hereby apply and agree, if admitted, to become Ordinary / Associate / Patron member of THE KANDLA TIMBER ASSOCIATION, GANDHIDHAM (KUTCH) and undertake to confirm and abide by the Constitution of the Association in force from time to time.

The relevant particulars are given below : (Use Capital letters only)

1. Name of the Applicant : _____

2. Applicant's Office Address : _____

Tel. No. : _____ Fax No. : _____

E-mail : _____ Website : _____

3. Applicant's Residence Address
(Key person) : _____

Tel. No. : _____ Mob. No. : _____

4. Type of establishment
(Attach a Photocopy) : Proprietorship / Registered / unregistered Partnership /
Pvt. Ltd. / Ltd. / Co-op. / Association

5. Nature of Business : _____

6. Month & Year of Starting the Business : _____

7. Name of Proprietor / Partners /
Directors / Office Bearers : _____

8. (i) Number and Date of Sales Tax / Any
licence related to the respective business
(Attach copy) : _____

(ii) Income Tax Permanent Account No.
(Attach copy) : _____

9. Banker's Name stating type of account
(other than saving a/c.) : _____

10. Details of Admission fee and annual
subscription
(by Cheque / DD only) : Cheque No. _____ Date : _____
: For Rs. _____

: Drawn on _____ Bank

(Contd.....)

11. Name and Designation of authorised person (Partner, Proprietor, Director)

1. Signature : _____
Name : _____
Designation : _____

2. Signature : _____
Name : _____
Designation : _____

12. Name and Signature of first proposer and the name of firm he is representing.

Signature : _____
Name : _____
Firm : _____
Address : _____

13. Name and Signature of second proposer and the name of firm he is representing.

Signature : _____
Name : _____
Firm : _____
Address : _____

Place :

Signature and Seal of Applicant

Date :

(to be signed by proprietor/
Partner/Director)

NAME OF THE APPLICANT :

SPECIMEN SIGNATURE CARD TO BE FILLED BY THE APPLICANT

Names of authorised representatives

Specimen Signatures

1. _____

2. _____

FOR OFFICE USE ONLY

Fees received Vide Receipt No. _____ Dt. _____

Remarks : Approved/Rejected by the Managing in its meeting held on _____

Exe. Secretary

Hon. Secretary

President