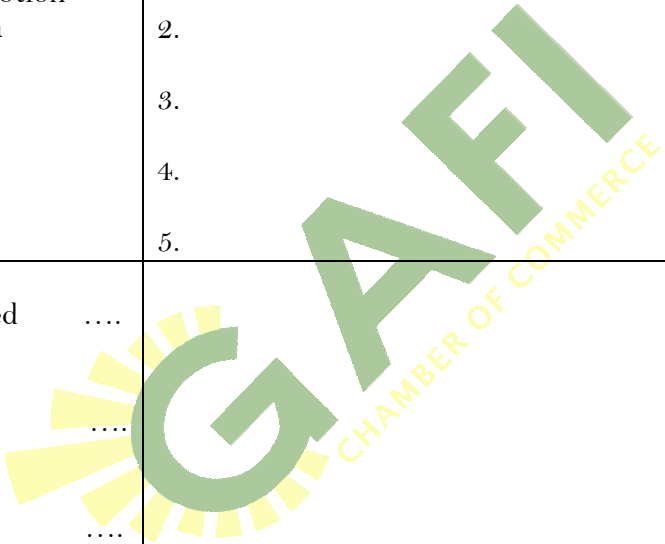


# GAFI CHAMBER OF COMMERCE

REGISTRATION CUM MEMBERSHIP FORM

(Form No.1)

1. Name of the Company / Organization/Applicant .....  Date of establishment .....  Applicant Name .....  Designation .....													
2. Business Address .....  Telephone .....  Fax .....  E-mail .....  Website .....													
3. Business Category .....	<table><tr><td><input type="checkbox"/> Proprietorship</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Others</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Pvt. Ltd. Co.</td><td>Specify _____</td></tr><tr><td><input type="checkbox"/> Public Ltd. Co</td><td><input type="checkbox"/> Trust</td><td>_____</td></tr><tr><td><input type="checkbox"/> Society</td><td><input type="checkbox"/> MNC's</td><td>_____</td></tr></table>	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Individual	<input type="checkbox"/> Others	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd. Co.	Specify _____	<input type="checkbox"/> Public Ltd. Co	<input type="checkbox"/> Trust	_____	<input type="checkbox"/> Society	<input type="checkbox"/> MNC's	_____
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Individual	<input type="checkbox"/> Others											
<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd. Co.	Specify _____											
<input type="checkbox"/> Public Ltd. Co	<input type="checkbox"/> Trust	_____											
<input type="checkbox"/> Society	<input type="checkbox"/> MNC's	_____											
4. Name & Designation of Representative to liaison with GAFI .....													
5. Name(s) Proprietor/Partners/ Directors as the case may be .....	<p style="text-align: right; color: red;">(Enclosed self-attested Aadhaar Card &amp; Pan Card copy)</p> <table><tr><td>(1) Name_____</td><td>(2) Name_____</td><td>(3) Name_____</td></tr><tr><td>Designation_____</td><td>Designation_____</td><td>Designation_____</td></tr><tr><td><div style="border: 1px solid black; width: 100px; height: 100px;"></div></td><td><div style="border: 1px solid black; width: 100px; height: 100px;"></div></td><td><div style="border: 1px solid black; width: 100px; height: 100px;"></div></td></tr></table>	(1) Name_____	(2) Name_____	(3) Name_____	Designation_____	Designation_____	Designation_____	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>			
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6. Scale (Large/Medium/Small) ....	
7. Business Interests i) Manufacturers of .... ii) Exporters of .... iii) Importers of .... iv) Deals in .... v) Annual Turnover (Previous two years) ....	
8. Names of the Chamber (s) Association(s)/Export Promotion Council(s) of which you are a Member (enclosed photocopies)	1. 2. 3. 4. 5.
9. (1) A copy of partnership deed .... (2) Memorandum & Articles of Association .... (3) UDYAM/MSME Registration No .... (4) I.E.C. No. .... (5) Copy of PAN .... (6) Copy of GST Registration (Enclosed self-attested Photocopies) ....	
10. Communication Address (if any) Telephone .... Mobile .... E-mail ....	
Place _____ Date _____	Signature _____ Name _____ Designation _____