

THE VIZAGAPATAM CHAMBER OF COMMERCE & INDUSTRY

206,207, DUTT ISLAND COMPLEX, 1-1-47, SIRIPURAM VISAKHAPATNAM-3

vizagchamber@gmail.com, Tel:0891-2502154 & 0891-2701141

APPLICATION FORM FOR MEMBERSHIP

To,

The Secretary,

The Vizagapatam Chamber of Commerce & Industry, Visakhapatnam-530003.

Sir,

I/We hereby apply for the **Regular/Life** (Tick one) membership of the Vizagapatam Chamber of Commerce and Industry in the following category.

Affiliate/Ordinary Company, Corporation, LLP (Corporate)/Ordinary Company, Corporation, LLP (Non Corporate) / Partnership Firm (Regd & Un Regd) / HUF / Sole -Proprietor / Practising Professional.

1.Name of the Applicant	:				
Address:					
	Pin code:				
Phone no:	e.mail:	website:			
Name of the Person incha	arge/Designation:				
S/o	Nationality:				
2)Business Activity/Occ	cupation:	D. H. C. H.			
Annual Turnover:	ual Turnover:Paid up Capital:				
PAN No:	Name of the Bank h	naving a/c no:			
Are you a Member of		CII FAPCCI OTHERS			
(CIN)/Societies Registrat (specify) (copy of the related cer	ion Act/Shops and Estab rtificate to be enclosed)	orated/registered: Under Indian Companies Act lishment Act/Trust Act/others artner/Director/Authorized Signatory/Representative			
Photo		Photo			
Name: Designation: Mobile No: e.mail:		Name: Designation: Mobile No: e.mail:			
Signature:with Seal		Signature:with seal			



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4) Name of Proposer*	Name of Seconder*			
Signature & Seal of the Proposer Date: *existing members VCCI	Signature & Seal of the seconder Date:			
Entrance Fees & Annual Fees Category wis	e			
Status	Entrance Fees(Rs.)	Annual fees(I		ife Time ubscription fees
Affiliated Members	12,500	12,500	1,	,25,000
Ordinary Corporate Member	12,500	12,500	1,	,25,000
Ordinary Non-corporate Member	10,000	10,000	1,	,00,000
Partnership Firm(Regd & Un-Regd)	7,500	7,500	7:	5,000
Hindu undivided family	7,500	7,500		5,000
Sole Proprietor/Practising Professional *No Entrance Fees for LifeTime Member	7,500	7,500	7.	5,000
I also understand that the enrolment in is final. I agree to pay the prescribed amount a as applicable to my category, when due Vizagapatam Chamber of Commerce. Yours faithfully, Name of the Authorized Person:	s "Entrance F	Fees /Annual Subscri	ption fees/Life	e Time Subscription Fees'
Signature: For office use only: Application Received Dated: Application Approved Date:				
Entrance Fees/Life Time Fees paid: Rs		Date:	Receipt No.	
Annual Fees Paid: RsDa	te:	Receipt No:		
General Manager:	Secretary		President.	
Date:	Date:		Date:	

Please attach the following:

1)Address proof (telephone bill/Aadhar card) 2) PAN card 3) Two passport size photos 4) Aadhar card number for individuals, HUF and Firms 5) Regn. certificate for Professional degree for practising Professionals only.