Tel.: (033) 4007 0758

E-mail: secretary@calcuttachamber.com



11. Particulars regarding industrial Units: Name of the industry_

Name of the products

12. Name and signature of your two representatives :-

(a)

(li)

(ii)

Name

Name

ESTD 1830 Calcutta Chamber of Commerce

APPLICATION FOR MEMBERSHIP

(Please Fill up by typing if possible)

| The | Socratory. | | |
|--|---|---|--|
| The Secretary CALCUTTA CHAMBER OF COMMERCE 18-H, Park Street, Kolkata - 700 071 | | Received RsReceipt No | |
| | | Approved in the Committee Meeting held on | |
| | | Membership No | |
| Do | ar Sir, | | |
| De | | amber of Commerce and accordingly, give below the | |
| | | and Rules and Regulations of Calcutta Chamber of | |
| | I/We send herewith Rs. 20,060/- (Rupees Twenty Thousand and Sixty only) in cash/by Cheque N drawn on (Bank) | | |
| 10000 100 | yable to Calcutta Chamber of Commerce being obscription for the current year (Rs. 10,030/- including | the admission fee (Rs. 10,030/-) and membership ag GST. | |
| | I/We agree that the Committee Members decision | on my/our application shall be final and binding. | |
| | Member's Name: Proposed by: | | |
| | | Yours faithfully, | |
| | Signature | | |
| | Member's Name : Seconded by : | | |
| | Signature | Signature | |
| 1. | Name of the company | | |
| | PAN No GST No | | |
| 2. | Full Postal Address | a 10 | |
| 3. | E-mail: | | |
| 4. | | (Residence) | |
| 5. | Date of establishment of business | | |
| 6. | Nature of business | | |
| 7. Nature of the concern whether Public or Private Limited, Partnership of Proprietor of | | | |
| | Family | | |
| 8. | Name of Directors, Partners, Proprietor or as the case may by | | |
| | Victoria Nacional (Para Malif | adhar No | |
| | | E-mail: | |
| 9. | Details of Branches | | |
| 10. Any other point regarding your company which you may like to state | | u may like to state | |
| | | | |

Signature

Signature_

P.T.O.