

MEMBERSHIP FORM

(Franchisor/ Franchisee/ Retailer/ Cash& Carry/supplier/Other)

The Director

Indian Franchise Association

F89/11, 1st Floor, Okhla, Phase –I

New Delhi – 110 020

Dear Sir,

Kindly enroll us/me in the Indian Franchise Association as a (FRANCHISOR / FRANCHISEE / SUPPLIER / OTHER) Member.

CATEGORY 'A'

Name of the Organisation / Company / Partnership Firm/ NGO/ Govt. Dept./ Undertaking /MNCs/ Societies / Foreign Embassies/ High Commission / Trust _____

Name & Designation of the Contact person _____

Address: _____

_____ Pin Code _____ Country _____

Phone/s: (Office) _____ (Resi) _____ Mobile _____

Email: _____ Fax: _____ Web Site _____

Date of Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individual / Association of Persons: _____

Place of Incorporation: _____

Registration No. (In case of Firm/Company) _____

Name (s) of the Promoters / Directors _____

PAN No. _____

Industry under which the company can be classified _____

No. of Employees (Approximately) _____

Location of Major Factories _____

Major Successes/Achievements to date _____

Principal Services _____

Unique features of services _____

Last three years turnover _____

Existing Membership of Chamber / any Association; YES / NO _____

We are member (s) of _____

How did you find out about the Indian Franchise Association _____

Why Indian Franchise Association's membership should be given to you?

CATEGORY 'B' (In case of individual)

Name _____ Designation _____

Father's Name _____

Date of Birth: _____ Age: _____ Nationality: _____

Address: _____

Pin Code _____ Country _____

Phone/s: (Office) _____ (Resi.) _____ Mobile _____

Email: _____ Fax: _____ Web Site _____

Occupation: Present / Past _____

Educational / Professional Qualifications: _____

Professionals: Please tick the following categories (as applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Advocates | <input type="checkbox"/> Executives |
| <input type="checkbox"/> Businessmen | <input type="checkbox"/> Chartered Accountants / Financial Experts | <input type="checkbox"/> Distributor / Agent |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Services | <input type="checkbox"/> Commercial Users |
| <input type="checkbox"/> Research and Development | <input type="checkbox"/> Foreign Missions | <input type="checkbox"/> Government Depts. / PSU |
| <input type="checkbox"/> NGO | <input type="checkbox"/> IT | <input type="checkbox"/> Others (please specify) |

Field of Specialisation (Please give brief details about your experience or knowledge)

How did you find out about the Indian Franchise Association _____

Why Indian Franchise Association's membership should be given to you?

Attach copy of Articles of Association / Memorandum of Association / Partnership Deed in case of Companies / Firms & latest financial Accounts including Balance Sheet.

Associate Membership / Individual Membership for Individual

We agree to abide by the Memorandum and Articles of Association and the Rules / Code of Conduct for members of Indian Franchise Association. We are sending herewith a Cheque / Demand Draft payable at Delhi in favour of Indian Franchise Association bearing No. _____ for INR _____ as annual subscription / Permanent Associate / Life Individual Membership Subscription (as given below) including one time Admission Fee.

- Note:
1. We/I agree to provide further detail, if any what so ever, needed by you upon request.
 2. We/I solemnly declare and undertake that all the information given above and in the attachment to this letter is true to the best of our/my knowledge and belief.
 3. We/I agree to accept the decision of the Governing Council in regard of our/my Membership which shall be final and binding on us/me.
 4. We/I further declare that We/I shall follow the code of conduct, ethics & bylaws as prescribed/revised timely for the members.
 5. We/I understand that our/my application is subject to approval by The Executive Director, Indian Franchise Association.

Yours truly,

Date

Name & Designation

Authorised Signatory