

### 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 over, 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 Chairman, Indian Franchise Association.

Yours truly,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Designation

\_\_\_\_\_  
Authorised Signatory



[www.franchiseindia.org](http://www.franchiseindia.org)



## MEMBERSHIP FORM

(Franchisor/Franchisee/Retailer/  
Cash & Carry/ Supplier/other)



The Director  
Indian Franchise Association  
F – 89/11, 1<sup>st</sup> floor Okhla, Phase - 1  
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 and Designation of the Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Country \_\_\_\_\_

Phone/s(Office) \_\_\_\_\_ (Res) \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Website \_\_\_\_\_

Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of body of Individual/

Association of Persons: \_\_\_\_\_

Place of Incorporation: \_\_\_\_\_

Registration No. (In case of a 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 \_\_\_\_\_

Principle Services \_\_\_\_\_

Unique Features of services \_\_\_\_\_

Last three years turnover \_\_\_\_\_

Existing Membership of Chambers /any Association; Yes/No \_\_\_\_\_

We are member(s) of \_\_\_\_\_

How did you find out the about 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 \_\_\_\_\_ Website \_\_\_\_\_

Occupation: Present/ Past \_\_\_\_\_

Educational / Professional Qualification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professionals:** Pick tick the following categories (as applicable)

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

Field of Specilisation (Please give brief details about your experience and knowledge)

\_\_\_\_\_

\_\_\_\_\_

How did you find about the Indian Franchise Association \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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