



All Ind. Non Ferrous Metal Exim Association

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MEMBERSHIP FORM

MEMBERSHIP NO. _____

DATE : _____

NAME OF FIRM : _____

OFFICE / FACTORY ADDRESS : _____

: _____
NAME COMPANY

REFERENCE BY : (1) _____

: (2) _____

TYPE OF FORM : PROPRIETOR SHIP / PARTNER SHIP / PRIVATE LIMITED / LIMITED

REPRESENTATIVE NAME : (1) _____ (D.O.B.) _____

: (2) _____ (D.O.B.) _____

PHONE NUMBERS : OFFICE (1) _____ (2) _____

: RESIDENCE : (1) _____ (2) _____

: MOBILE : (1) _____ (2) _____

: EMAIL : _____

COMMERCIAL TAX NUMBER / : G.S.T. / VAT / CST NO. _____

OTHER REGISTRATION NO. : IEC CODE : _____

: P.A.N. NO. _____

: E.C.C. NO. _____

DETAILS OF BANKER : NAME OF BANK _____

BRANCH ADD. _____

ACCOUNT TYPE _____

ACCOUNT NO. _____

Signature Of President/Secretary

Signature of Applicant