

APPLICATION

To,
The Secretary General
**Indian Small Business & Franchise
Association**

FOR ASSOCIATION USE	
Membership No._____	
Approved on _____ w.e.f. _____	
Category_____	

Photo Passport size (Applicant)

Dear Sir,

We wish to apply for _____ Membership of the Indian Small Business & Franchise Association (ISFA). We are enclosing all the relevant supporting documents and our Cheque/DD No._____ dated _____ towards Membership Subscription plus GST drawn on _____ for Rs. _____ in favour of "Indian Small Business & Franchise Association (ISFA)".

Please acknowledge receipt of the above and confirm our Membership.

We hereby confirm that we will continue to be_____

Bank Details

Bank Name - HDFC Bank | **Bank Address** - Shop No. - 2,3,4,5, Charmwood Bazar, Charmwood Village, Suraj Kund Road, Faridabad, Haryana 121009
Account No. - 50200065544236 | **IFSC Code** - HDFC0000396 | **PAN No.** - AABC19056F | **GSTN No.** - 06AABC19059F1ZI

Yours Faithfully,

(Signature of Applicant)

(Name and Designation with Company seal)

The Application is to be proposed and seconded by any two members of the ISFA.

Proposed by

(Signature of Authorised Representative)

(Name of the Organisation)

Seconded by

(Signature of Authorised Representative)

(Name of the Organisation)

In the event of our enrollment as a Member, we shall be bound by the Memorandum and Articles of Association of the ISFA.

APPLICATION FORM

1. Name of the Applicant _____
2. Name of the Company _____
- 2.1 Name of the CEO/Chairman/President/Director _____
3. Address for Correspondence _____

Tel. _____ Fax _____ Mobile _____ E-mail _____
- 3.1 Address of Head Office (if applicable) _____

Tel. _____ Fax _____ Mobile _____ E-mail _____
- 3.2 Name of the person incharge at the head office _____ Mobile _____
4. Whether a :
 Company Partnership Firm Proprietary Concern
 Society Trust Others (Please Specify) _____
5. Year of Establishment _____
6. Business Interests _____
7. Authorised & Paid up Capital/Funds Deployed _____
8. Annual Turnover* _____ Annual Profit* _____
9. Name (s) of the Authorized Representative Directors /CEO/Partners/Proprietor _____

Tel. _____ Mob. _____ Fax _____
E-mail _____ Website _____
10. Permanent Account No (PAN) _____
GSTIN _____
12. MSME Registration Noz (if applicable) _____
13. Other Organisations/Chambers/Associations of which we are a Member

14. Award(s) received, if any (Please add extra sheet if the space is not adequate)

*(The term "Annual Turnover" and/or "Annual Billing" will mean Gross Turnover and/or Gross Billing on "ALL INDIA BASIS" as per latest audited Balance Sheet or as indicated by the applicant.)