



Indian Chamber of Commerce & Industry, Cochin

(Affiliated to FICCI -The Federation Of Indian Chambers Of Commerce and Industry, New Delhi)
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Web: www.iccicochin.com

Full Name of Firm / Company / Organisation																				
Status of applicant (Please Tick)												7								
a) Proprietorship		b) Joint Hindu Family										/								
c) Partnership	d) Company																			
3. Office Address																				
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Telephone No. Office (with STD code)																				
Residence (with STD code)																				
Mobile:																				
Fax No.																				
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4. Residential Address:		<u> </u>																		
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5. Name of two authorised	l repre	senta	tives:															
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State the period for which been in business (from y						to												
7. Nature of Business																		
8. State Whether the aplicant is a member of																		
any Trade Association, i	ars.																	
9. Name and address of Ba																		
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I/We, if admitted as Member,																		
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Place:																		
Date:																		

Name & Signature of	:																
Authorised Representative																	
Alternate (if any)															 		
We, the undersigned, and second M/sfor admission to mem														-			
PROPOSER Name of Member																	
Signature																	
SECONDER Name of Member																	
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drawn on																	
Enrolled as a Member	as pe	r deci	sion	of th	ne C	omn	nittee	mee	eting	date	d				 		
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PROFORMA

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Place:

Date: Seal and Signature