



THE VIZAGAPATAM CHAMBER OF COMMERCE AND INDUSTRY

WOMEN'S WING MEMBERSHIP APPLICATION FORM

To,
The Secretary
The Vizagapatam Chamber of Commerce & Industry Women's Wing
Visakhapatnam-530003.

Madam,

I/We hereby apply for the regular membership of **The Vizagapatam Chamber of
Commerce and Industry, Women's Wing.**

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Details of Applicant:	
Name :	
D/o, W/o :	Nationality :
Mobile :	Email :
Address:	

Details of Organization:	
Name of the Organization :	
PAN No :	Year of Establishment :
Telephone :	Mobile :
Email :	Website :
Name of the Bank :	A/c No :

Proposer	Secunder
Name :	Name :
Date :	Date :
Signature & Seal of the Proposer	Signature & Seal of the Secunder

Note*: The Proposer and Secunder should be the existing member of VCCI Women's Wing

Membership	Entrance Fee	Annual Fee (1st JAN - 31st DEC)
Regular Membership	5000	3000

Self-Declaration

I agree to abide by the rules and regulations of the VCCI AND VCCI Women's Wing.

I also understand that the enrolment into VCCI Women's Wing is at the discretion of Managing Committee and its decision is final.

I agree to pay the prescribed amount as "Entrance Fees /Annual Subscription fees/" as applicable, when due, or my membership will cease as per the articles of association of The Vizagapatam Chamber of Commerce & Industry Women's Wing.

Yours faithfully,

Name of the Person:

Signature:

FOR OFFICE USE ONLY

Application Received Date:	Application Approved Date:	
Entrance / Annual Fee Paid (Rs.)	Date	Receipt No
Annual Fee Paid (Rs.)	Date	Receipt No

VCCI Authorised Person:	Secretary :	President:
Date :	Date :	Date :

Please attach the following:

- 1) Address proof (telephone bill/Aadhar card)
- 2) PAN card
- 3) Two passport size photos

- 4) Aadhar card number for individuals, HUF and Firms
- 5) Regn. Certificate for Professional degree for practising Professionals only.