

THE VIZAGAPATAM CHAMBER OF COMMERCE & INDUSTRY WOMEN'S WING

WOMEN'S WING MEMBERSHIP APPLICATION

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

Madam,

I/We here by apply for the regular membership of **The Vizagapatam Chamber 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:		
Designation:	Business Activity :	
PAN No:	Year of Establishment :	
Telephone:	Mobile:	
Email:	Website:	
Name of the Bank:	A/c No:	

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

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

Membership	Entrance Fee	Annual Fee
Regular Membership	5000	4000

*Note: GST Extra 18%

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, whendue, 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

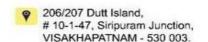
Application Received Date:	Application Approved Date:	
Entrance/Annual Fee Paid (Rs.)	Date	Receipt No
Annual Fee Paid (Rs.)	Date	Receipt No

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 practicing Professionals only.





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