MEMBERSHIP FORM

ASSOCIATE MEMBER



THE FERTILISER ASSOCIATION OF INDIA FAI HOUSE, 10 SHAHEED JIT SINGH MARG NEW DELHI – 110 067



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CIN: U85300DL1955NPL002999 GSTIN: 07AAACT0097M1Z3 Tel. No.: 011-46005204. E-Mail: secy@faidelhi.org / acctt@faidelhi.org

Application by a FIRM / COMPANY / CORPORATION / ASSOCIATION for Membership referred to in Article 12(a) of the Articles of Association

To,

The Directors, FAI

Gentlemen,

We

(Firm / Company / Corporation / Association's Name)

GSTIN No. :

Address :

Hereby apply for membership as an Associate member of the Fertiliser Association of India. We request you to place our Corporate name on the register of members of the Association and we undertake and agree to be bound by the Memorandum and Articles of Association of the Association and in particular to contribute to the assets of the Association in the event of the same being wound up during the time that we are a member, or within one year afterwards, for payment of the debts and liablities of the Association contracted before the times at which we cease to be a member and of the costs, charges and expenses of winding up the Association, and for the adjustment of the right of the contributories amongst themselves, such amount as may be required not exceeding Rs.2000.

Note : At present an Associate membership fee is Rs.20,000/- + GST 18%. At the time of admission, Entrance fee of Rs.500/- + 3 years' annual fee of Rs.60,000/- + GST 18% (Total Rs.71,390/-) should be submitted along with the application form. From fourth year onwards fresh invoice for the annual fee with applicable tax will be sent for payment.

The following are the names, addresses and nationalities of the Partners, Directors, Managers of the Firm / Company / Corporation / Association :

	Name	Address	Nationality
1.			
2.			
3.			
4.			
5.			
6.		•	
7.			
Name in full (in block letters)			Signature
Address			Designation :

We, being members of the Association hereby propose the above mentioned Firm / Company /Corporation / Association as an Associate Member of the Association. (Please give full address and name of the Official signing in block letters. Please also use official Rubber Stamp below the signature).

Proposed by	Seconded by
Signature :	Signature :
Name (in capital letters)	Name (in capital letters)
Address :	Address :
For Office Use Only	

Admitted as a member / Not admitted vide Board meeting No......dated......dated.....

ORGANISATION DETAILS

:

:

1.	Name	
2.	Address	

	Telephone :		Email :	: Fax :	
3.	Are yo	u a (a) Manufacturer ;	(b) Importer	; (c) Dealer;	(d) Others
4.	If you a	are a manufacturer,			
	(a)	Location of your factory			
	(b)	Installed capacity	:		
	(c)	Fertiliser manufactured* (during the last year) (April-March)	:		
5.	agency	are a Cooperative and other y, dealer or an importer give details for the last year March) of		Sales (metric tones)	Imports (metric tones)
	(A)	Fertilisers*			
	(B)	Raw materials*			
	(C)	Intermediates*			
	(D)	Organic fertilisers*			
	(E)	Any other			
6.	Do you have any direct interest in agriculture (plantations etc.)				
7	Do you have any branches and				

*Please give details of individual product sold / imported. If necessary please use separate sheet to give details.

if so, their address(es)