

MEMBERSHIP FORM

PARTICULARS OF THE APPLICANT FOR MEMBERSHIP

1. Name of the Company / Firm:	
2. Full Address (incl. telephone) (i) Registered Office: (ii) Local Office: (to be stated only if the Regd. Office is outside Mumbai. All correspondence will be directed to the Regd. Office unless indicated otherwise) (iii) No. of Factories and locations:	
3. Year of commencement of business:	
4. Nature of ownership: (Please state whether the firm is a Proprietary / Partnership / Company / LLP)	
5. Name (s) of Proprietor / Partners / Director:	
6. Names with residential address: (including telephone no. if any) of the persons who will represent the firm on the Association and the position they occupy in the firm (not more than three to be named showing in the order of precedence)	
7. Applicant's Cosmetics Business (if the Applicant has more than 1 line of business within cosmetics, all such relevant businesses can be included)	<input type="checkbox"/> Raw Material Supplier to the Cosmetics Industry <input type="checkbox"/> Packaging Material Supplier to the Cosmetics Industry <input type="checkbox"/> Manufacturer of Cosmetics <input type="checkbox"/> Packer of Cosmetics (including 3 rd Party Manufacturing) <input type="checkbox"/> Importer of Cosmetics <input type="checkbox"/> Others (please specify)
8. Details of Applicant's Non Cosmetics Business	
9. Turnover of the applicant for the latest financial year (as per the audited books of accounts)	

10. Brand Names and Kind of Cosmetics dealt with by the Applicant	
11. Names of Other Association(s) of which the applicant is a member.	

I/ We hereby confirm that the above details provided by me in my capacity as _____ is true and correct to the best of my knowledge and belief.

For _____,

Name:

Designation:

Date

Admission will be granted subjected an application being proposed and seconded by an existing member of the Association.

Proposed by:

Seconded by:

FOR OFFICE ONLY

Accepted on: