

Date: / /

The Honorable Secretary  
**Indian Speciality Chemical  
Manufacturer's Association (ISCMA)**

1156, Bole Smruti Co-Op Housing Society,  
Suryavanshi Kshatriya Sabhagriha Marg,  
Off Veer Savarkar Marg,  
Dadar (West), Mumbai 400028.

**Sub: Membership application**

We hereby apply for membership of **Indian Speciality Chemical Manufacturer's Association (ISCMA)** under the category of (tick the applicable category)

Please enrol me / us as Life Member / Large Scale Manufacturer / Small Scale Industry / Service Industry / Dealer of your association from \_\_\_\_\_ (Month, Year)

I/we have read the charter of the organisation and agree to abide by the rules and regulations set by ISCMA from time to time.

We are enclosing herewith Cheque / Demand Draft / NEFT receipt / RTGS receipt / in favour of Indian Speciality Chemical Manufacturers Association

We are also enclosing the documents as per the requirements of the form.

**Thanking you**

**Name / Designation and signature of Applicant (With the stamp)**

**Regular Membership (To be renewed yearly)**

1. Medium / Large Scale Industries
2. Small Scale (SME) Industries
3. Businessman (Trading)
4. Service Industry



**Indian Speciality Chemical Manufacturer's Association (ISCMA)**

## APPLICATION FORM

| No | Type of Membership | Tick | Membership                          | Entrance Fees | Membership Fees |
|----|--------------------|------|-------------------------------------|---------------|-----------------|
| 1  | a) Life Membership |      | Turnover More than 100 Cr.          | -             | 1,00,000.00     |
|    | b) Life Membership |      | Turnover between 50 Cr. To 100 Cr.  | -             | 75,000.00       |
|    | c) Life Membership |      | Turnover Below 50 Cr.               | -             | 50,000.00       |
| 2  | Yearly Membership  |      | Turnover Below 50 Cr.               | 1,000.00      | 11,000.00       |
| 3  | Yearly Membership  |      | Small Scale Industry                | 1,000.00      | 2,500.00        |
| 4  | Yearly Membership  |      | Service Industry (Associate Member) | 1,000.00      | 5,000.00        |
| 5  | Yearly Membership  |      | Dealers ( Associate Member)         | 1,000.00      | 5,000.00        |

\*Except Life Membership, Other Categories are annual Basis

**PLEASE FILL UP THE REQUIRED INFORMATION**

| Sr. No. | Requirement                    | Detail |
|---------|--------------------------------|--------|
| 1       | Name                           |        |
| 2       | Designation                    |        |
| 3       | Name of the Company            |        |
| 4       | Office Address                 |        |
|         | Factory Address                |        |
| 5       | Pan No (Copy Enclosed)         |        |
| 6       | Aadhar Card No (Copy Enclosed) |        |
| 7       | Landline                       |        |
| 8       | Mobile                         |        |
| 9       | Email Id                       |        |

|    |                                                                                                                |                                                                                               |
|----|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 10 | Website                                                                                                        |                                                                                               |
| 11 | Name of Representative/s<br>With Designation and contact<br>details (email id / cell No.)                      |                                                                                               |
| 12 | Proposer                                                                                                       |                                                                                               |
| 13 | Secunder                                                                                                       |                                                                                               |
| 14 | Constitution of the Company /<br>Firm<br>(Tick the applicable one)                                             | a. Public Ltd<br>b. Private Ltd.<br>c. Partnership Firm<br>d. Proprietorship Firm<br>e. Other |
| 15 | Category : Large Scale Industry<br>/ Small Scale Industry / Service<br>industry / Dealers (Attach Copy)        |                                                                                               |
| 16 | Details of Items Manufactured                                                                                  |                                                                                               |
| 17 | Details of Items Exported                                                                                      |                                                                                               |
| 18 | Total Number of employees                                                                                      |                                                                                               |
| 19 | Year of Establishment<br>(a) Registration Number of<br>Company (attach a copy)<br>(b) GST Number (Attach Copy) |                                                                                               |
| 20 | Turnover of last three years                                                                                   | 1.<br>2.<br>3.                                                                                |
| 21 | Name of other trade association<br>where the applicant is member                                               |                                                                                               |
| 22 | Authorized signatory                                                                                           |                                                                                               |

I hereby confirm that the information given above is true to the best my Knowledge and belief.

**Name / Designation and signature of Applicant (With the stamp)**