

## UTTAR PRADESH CORRUGATED **BOX MANUFACTURERS' ASSOCIATION**

A-1, Ist Floor, Dharmapali Palace (Near Vinayak Hospital), Bhoja Market,
Atta Sector-27, NOIDA - 201301 (U. P.)
Ph.: 0120-2541301, 7503419082, Email : 2014mcupcbma@gmail.com

Affix Photo of Main Contact Person Here

## Membership Application Form

					Date:	
Name of Manufacturing Concern ★						
Constitution *	Prop	orietary / HUF/ Pa	artnership / P	rivate Limited Co	mpany / Other (please provide details)	
Date of Establishment						
Registration Number	GSTN <sub>0</sub> .★		E	CC No.	MSME Registration No.	
Negisu auon Number						
		Name		Designation	Date of Birth	
Names of Proprietor / All Partner /	1					
All Directors ★	2					
	3					
Name and Cell No of Representative	Nam	1e		Designation	Cell No	
to be registered with the Association ★						
Registered Office Address (please						
mention pin code) ★						
Office Phone (with STD Code) ★						
Factory Address						
Factory Phone (with STD Code)	-					
Address at which correspondence						
should be sent by the Association ★						
Mobile Nos. ★						
Email addresses ★	Email Address 1			Email Address 2		
Website						
		1. List of Corruga	tion Machinery	*		
<b>Documents Enclosed</b>		2. List of Testing	Machines, if any	. $\square$		
[Tick (✓) in the appropriate Box]		3. EM Part II of M	ISME Certificate	·. —		
		4. Xerox copies o	f Purchase bill o	f the Machinery *		
Note: Information and Doc	ume r	nts marked (*)	are mandat	ory		
Signature of the Applicant with rubb	on Sto					
Signature of the Applicant with ruot	bei Sta	шр				
		Introdu	ıction			
The above information is true	to th	e best of my kno	wledge.			
Signature of the Introducer	with	rubber stamp				
Name of Introd	J	-	NI	CT4 J	cer's Company	

The Honorary Secretary Uttar Pradesh Corrugated Box Mfrs. Association A-1, Ist Floor, Dharmapali Palace (Near Vinayak Hospital), Bhoja Market, Atta Sector-27, NOIDA - 201301 (U. P.)

Dear Sir,

I/ We desire to be enrolled as a Member of your Association. I/We confirm that all information given overleaf are correct. I/We confirm that I/we have no objection to receiving communications from UPCBMA on the email ids and Mobile Numbers given overleaf.

I/ We agree to abide by the Rules and Regulations and Constitution of the Association in force and also that may be amended/ revised from time to time.

I/We confirm that I/We are manufacturers of corrugated boxes.

I/We remit herewith Admission fees, Subscription and R&D Contribution as follows:

	D
Entrance Fees (One time)	Rs.
Subscription	Rs.
R&D Contribution	Rs.
GST @ 18%	
Total	Rs.
Cheque / DD Number	
and Date	
Cheque/DD drawn on	

Annual Plan**
(Rs)
15000.00
5000.00
1000.00
21000.00

(For Associate Member)

Place :	Yours faithfully
Date:	Rubber stamp & Signature Authorised Signatory
	Name and Designation:
	(For Office use only)
Date of Receipt of Application	Date of MC Meeting at which Application was
	considered
Membership Number	
Membership Number	