

## 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.: 9220870022, 9220870011, Email : 2014mcupcbma@gmail.com

Affix Photo of Main Contact Person Here

## Membership Application Form

					Date:	
Name of Manufacturing Concern ★					2	
Constitution *	Proprietary / HUF/ Partnership / Private Limited Company / Other (please provide details)					
Date of Establishment			264	65		
Registration Number	GSTNo. ★		E	CC No.	MSME Registration No.	
Registration Number						
		Name	<u> </u>	Designation	Date of Birth	
Names of Proprietor / All Partner /	1					
All Directors ★	2					
	3					
Name and Cell No of Representative	Name			Designation	Cell No	
to be registered with the Association						
*						
Registered Office Address (please mention pin code) *						
The state of the s						
Office Phone (with STD Code) ★						
Factory Address						
Factory Phone (with STD Code)	120					
Address at which correspondence						
should be sent by the Association ★						
Mobile Nos. ★		117.5				
Email addresses ★	Email Address 1			Email Address 2		
Website				ļ		
Website						
	1. List of Corrugation Machinery ★ □					
Documents Enclosed	2. List of Testing Machines, if any.  3. EM Part II of MSME Certificate.  4. Xerox copies of Purchase bill of the Machinery*					
[Tick (✓) in the appropriate Box]						
Note: Information and Doc	ume nt	ts marked (★)	are mandat	ory		
Signature of the Applicant with rubb	- Ct					
Signature of the Applicant with ruot	ber Stan	ıp				
<u> </u>						
		Introdu	ıction			
The above information is true	to the	best of my kno	wledge.			
~						
Signature of the Introducer	with	rubbe r s tamp				
Name of Intro	ducer		Nov	no of Introduc	car'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,

Hon Secretary

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.

5000.00

Name and Designation:

President

Yours faithfully

Rubber stamp & Signature of Authorised Signatory

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

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

	Annual Plan** (Rs)
Rs.	2000.00
Rs.	2500.00
Rs.	500.00
Rs.	5000.00
	_
	Rs. Rs.

(For Office use only)				
Date of Receipt of Application	Date of MC Meeting at which Application was considered			
Membership Number				
Proposed By (Name & Signature)	Seconded By (Name & Signature)			