No :

KERALA
CHAMBER OF COMMERCE AND INDUSTRY

ISO Certified Organisation

(Affiliated to: FICCI THE FEDERATION OF INDIAN CHAMBERS OF COMMERCE AND INDUSTRY, NEW DELHI)

Kerala Regional Office: ICA INDIAN COUNCIL OF ARBITRATION

Chamber Corner, Shanmugham Road, Cochin - 682 031, Ph: 2380950, 2354885, Fax : 91-484-2374253
Website:www.keralachamber.in, E-mail:keralachamber@vsnl.net, Island Office : Ph : 2667407

APPLICATION FOR MEMBERSHIP AMENDMENT

(Please fill all columns in Capital Letters)

The Secretary,
Kerala Chamber of Commerce and Industry,
Cochin - 682 031

Dear Sir,

We request you to make the following changes in your records as we have changed our Membership Name / Applicant Name / Address / Others.

MEMBERSHIP NAME **MEMBERSHIP NO.**

A) IF CHANGE IN NAME, SPECIFY

B) STATUS OF APPLICANT

PROPRIETORY ☐ COMPANY ☐ FIRM ☐ ASSOCIATION ☐ INDIVIDUAL ☐

C) STRUCTURE OF APPLICANT

PROPRIETOR ☐ DIRECTORS ☐ PARTNERS ☐ MANAGER ☐

D) NAME OF PROPRIETOR / DIRECTORS ETC.

1)
2)
3)
4)

E) OFFICE ADDRESS

ROAD

CITY PIN

F) TELEPHONE NO. **G) MOBILE NO.**

H) NATURE OF BUSINESS

I) E-MAIL

J) WEB SITE

K) FAX NO.

L) VAT NO.

M) C.S.T. NO.

N) RESIDENTIAL ADDRESS

ROAD

CITY

PIN

DECLARATION

I/ We hereby declare that the information provided above is true to the best of my / our knowledge.

Yours faithfully,

Name and Designation of the applicant

Photo only for representative change

Name

Designation

Place :

Date :

Seal & Signature of Applicant

FOR OFFICE USE ONLY

Date of Amendment

Type of Membership

No. & Date of Managing Committee Meeting at which the Amendment was approved

Encl : Copy of Board resolution for Company and Affiliated Members.

Signature of Secretary