

# APPLICATION FOR MEMBERSHIP

The Executive Director  
Basic Chemicals, Cosmetics & Dyes Export Promotion Council  
Jhansi Castle, 4th Floor, 7, Cooperage Road,  
Mumbai - 400 001.

Dear Sir,

Kindly enroll us as a member of Basic Chemicals, Cosmetics & Dyes Export Promotion Council  
in the category of the following (please tick only one from the following).

LARGE SCALE MANUFACTURER

☐

SMALL SCALE MANUFACTURER

☐

MERCHANT EXPORTER

☐

We enclose herewith a Cheque/D.D. No. \_\_\_\_\_ dtd. \_\_\_\_\_ for Rs. \_\_\_\_\_  
drawn on \_\_\_\_\_ Branch \_\_\_\_\_ being the  
membership subscription under the category in which we seek, alongwith the entrance fee.

We have read the rules and regulations for membership of the Council and agree to abide by the same. We give  
below the particulars of our firm.

1. Name of the firm

2. Postal Address

Head Office

Factory

3. Year of Establishment

4. Telephone

Fax

Email/Website

5. Name of the Proprietor/Partner/Directors

6. Under which panel does the applicant requests to be indexed (please tick one of the following)

1. DYES AND DYE INTERMEDIATES, ALCOHOL & COAL TAR CHEMICALS

☐

2. BASIC INORGANIC & ORGANIC CHEMICALS INCLUDING AGRO CHEMICALS

☐

3. GLYCERINE, SOAPS, DETERGENTS, COSMETICS & TOILETRIES, ESSENTIAL OILS

☐

4. CASTOR OIL & ITS DERIVATIVES

☐

7. Whether registered with Directorate of Industries/SSI/  
Department of Industries, New Delhi/Food and Drug Administration

Regn. No.

8. PAN :

I.E. CODE NO.:

Date:

Date:

(Please enclose photo copy)

(Please enclose photo copy)

9. Name and Address of the Representative in order of priority who shall exercise voting powers with specimen signatures are given below:

	Name	Designation	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I/We hereby declare that the particulars given above are true and correct to the best of my/our knowledge and belief.  
I/We hereby agree to produce evidence in support of the information given above as and when the Council requires.

Place:

Seal/Rubber Stamp with address

Signature of the applicant

Name/Designation

Date:

(For office use only)

Receipt No.:

Date:

Membership No.:

Date:

The party has paid the necessary fees and furnished all the required documents. We may, therefore, accept their Membership as \_\_\_\_\_ under Panel \_\_\_\_\_ subject to approval.

Dealing Clerk

\_\_\_\_\_  
Section Officer

\_\_\_\_\_  
Asstt. Director/Dy. Director

\_\_\_\_\_  
Executive Director