

MEMBERSHIP FORM

MEMBER CATEGORY: P

Patron

A. Organisation's Details

Organisation Name			
Mailing Address			
City / Country			
Phone / Fax Number			
Email Address		WWW	

B. SPOC Designee Details(Mandatory)

Name of Individual				
	Title	Forename	Middle Name	Surname
Date of Birth	DD / Month / YYYY		Gender	Male / Female
Position in Company			Nationality	
Phone Number			@ Email	
Mailing Address				
City / Country				

For second designee, please inform after acceptance

C. Organisation Details(Please mark 'X' in left column)

<input type="checkbox"/>	Industry Representation	<input type="checkbox"/>	Government Organisation	<input type="checkbox"/>	Investor's Representation
<input type="checkbox"/>	Trade Representation	<input type="checkbox"/>	Apex Body	<input type="checkbox"/>	Political Representation
<input type="checkbox"/>	Retail Representation	<input type="checkbox"/>	Professional Representation	<input type="checkbox"/>	Others (Specify Below)-
<input type="checkbox"/>	Academia Representation	<input type="checkbox"/>	Manufacturer's Representation	<input type="checkbox"/>	

For Cooperatives, Associations and Self help Groups use Category G form

Type	<input checked="" type="radio"/> National	<input type="radio"/> Regional	Remarks:	
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Year formed		Number of Employees		Number of Offices		Nationality	
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D. Organisation Description

Kindly describe your organisation and please state its interests in cold chain.

Please Use additional Sheet if necessary

Application Fee DETAILS:

DD/Cheque#:		Drawn On:	
Dated:		Amount ₹:	

The details above represent application processing fee for membership to NCCD as per terms of association.
Receipt of Payment does not imply implicit acceptance as member.

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I/We have read and understood the terms and conditions of membership for association with NCCD.

I/We agree that further follow-up question in relation to cold chain interests as required by NCCD shall be provided. I/We am authorized by the organisation's board or relevant governing council to apply for membership to NCCD and am designated to represent the company.

Any change to this declared authorization from the company shall be communicated to NCCD promptly.

Verification :

It is certified that the contents of the application are true to the best of my knowledge and belief and nothing that can effect membership has been concealed. I/We hereby apply for membership into NCCD.

Date:

Place:

Authorised Signatory

Note:

'Category P' membership is for Indian entities only. Membership is non transferable and designated nominees will act as the member's representatives in NCCD.

For Official Use Only

Date Application Received:

Date Application Filed for Director's Review:

Date Membership Accepted:

Membership Number allotted:

Date Membership communicated:

Date Membership Fees received / Membership confirmed:

Remarks:

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Sd