



Computer Association of Eastern India

31, Ganesh Chandra Avenue, 5th Floor, Room No. : 5B & 5C, Kolkata - 700 013

Call : 62909 10140, Email : info@compassindia.com

Website : www.compassindia.com CIN - U30007WB1994NPL063186

MEMBERSHIP APPLICATION FORM

COMPANY NAME _____

MEMBERSHIP NO. _____

MEMBERSHIP TYPE _____

DATE _____



MEMBERSHIP APPLICATION FORM

Membership Type : Annual Life Year of Incorporation

1. Organisation Type Proprietorship Partnership Ltd Co. (Pvt./ Public) Others

2. Company Name

Regd. Office Address

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City..... Pin : State :

Correspondence Address

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City..... Pin : State :

Telephone nos. (Land Line) Mobile :

E-mail : www :

GSTN CIN PAN.....

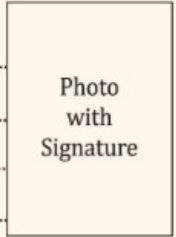
3. Contact Person (Only2)

i. Name of Primary contact in organization

Designation Office No. (Direct)..... Mobile No.....

Residence No. E-mail PAN DIN

Aadhaar Card No.

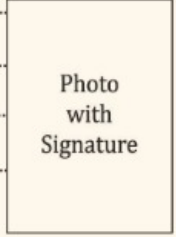


ii. Name of Secondary contact in organization

Designation Office No. (Direct)..... Mobile No.....

Residence No. E-mail PAN DIN

Aadhaar Card No.



4. Type of Business Distributor Dealer Retailer

Web / Online Activity Others (specify)

5. Brief Description of Business Activities

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6. Name of Proposer

Name of Seconder

Member Name

Member Name

Known Since

Known Since

Name of Signing Authority

Name of Signing Authority

Signature with R. Stamp & Date

Signature with R. Stamp & Date



MEMBERSHIP PERSONAL INFORMATION FORM

Primary contact only

Name of Primary Member

Residence Address

City Pin : State :

Date of Birth Anniversary Date Blood Group

Spouse Name Mobile Date of Birth

Details of your children

Sl#	Children's Name	M/F	Date of Birth	Blood Group	Hobbies
1.				
2.				
3.				

Any other details you would like to mention about yourself / spouse's / children activities / hobbies

.....

Signature of Primary Member

We hereby confirm having fully understood aims & objectives of COMPASS. We also confirm that we have read rules & regulations of COMPASS as on date and we agree to abide by all amendments which may come in force.

Enclosed herewith find cheque / Demand Draft No..... on

..... Date for Rs.

*** Life membership Fees Rs. 25,000/- | GST Extra as applicable**

Date

Signature of the applicant with Seal

For Office use only

Membership No..... Approved on date

at Executive Committee member meeting

Signature of President

Signature of Hony. Secretary

Signature of Treasurer

DECLARATION

1. All the dues payable to the association must be settled by the respective due dates.
2. Members should adhere to ethical business practices.
3. In the event of any dispute amongst the members, the decision of the Arbitration Committee is final and binding.
4. Member can be expelled / suspended if the details furnished by him are false, membership of Members, who has procured membership by submitting false information, is liable to be terminated.
5. Member should keep strict confidential of sensitive information of the Association.
6. All the communication will go to Primary contact only.
7. Authorisation for family members.

I accept the rules & regulations of the Association.

Signature of applicant with stamp.

List of documents attached (Enclosed) (Any 2 other than Mandatory)

Proprietorship Firm

- Proprietor's IT PAN Card*
- Trade Licence*
- GST Certificate*
- Power of Attorney (if any)
- Proprietor Aadhaar Card*

Partnership Firm

- IT PAN Card*
- Trade License*
- GST Certificate*
- Partnership Deed
- Power of Attorney (if any)
- Partner's Aadhaar Card*

Public / Private Limited Co.

- IT PAN Card of the Company*
- Certificate of Incorporation
- Trade License*
- GST Certificate*
- Memorandum of Article*
- Consent Letter of all Directors*
- Director's Aadhaar Card

* Mandatory

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Hello : 62909 10140 Email : info@compassindia.com Website : www.compassindia.com

Notes :



INFORMATION OF ALL DIRECTORS & PARTNERS

Name : _____ Designation : _____

Address : _____

Phone : _____ DIN No. (In case of Directors) _____



Name : _____ Designation : _____

Address : _____

Phone : _____ DIN No. (In case of Directors) _____



Name : _____ Designation : _____

Address : _____

Phone : _____ DIN No. (In case of Directors) _____



Name : _____ Designation : _____

Address : _____

Phone : _____ DIN No. (In case of Directors) _____



Name : _____ Designation : _____

Address : _____

Phone : _____ DIN No. (In case of Directors) _____



Stamp & Sign with Designation : _____ Date : _____