

To

The Honorary Secretary, Malabar Chamber of Commerce, Chamber House, Chamber Junction, Cherooty Road, Calicut - 673 032

2 Photos

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Phone Nos. 2365282, 2365292

Fax: 2766191

	E-mail: malabarchamber@yahoo.co.in
Dear Sir,	
I/We desire to be admitted as a member of the Ch	amber. I/We agree to abide by the Articles of Association of
the Chamber. A Remittance of Total Rs	by Cash / Cheque No
dton	Bank is enclosed herewith.
DETAILS OF REMITTANCE: Entrance fee Rs/-One year Bull	/- One year Subscription of Malabar Chamber letin Subscription Rs/-Malabar Chamber
Relief Committee One year Subscription Rs	Yours faithfully,
PARTICULARS	OF MEMBERSHIP
Full Name of Applicant:	

PARTICULARS OF MEMBERSHIP	
Full Name of Applicant:	
Address	Phone No. Off. Fax: E-mail: Mobile: Resi:
Class of Membership: *(a) Resident *(b) Non-Res	sident *(c) Individual *(d) Firm or Company *(e) Association
	nes of Partners or Directors in case of Firms or Companies; bearers in case of Associations.
Name:	Designation:
1. 2. 3.	
Name of representative authorised to represent at r	meetings and to vote at elections of the Chamber
Full details of business: State the nature if business	and the lines you deal, manufacture
Other details you choose to give such as obje production capacity, skilled and unskilled labour en	ectives of your Firm or Association, date of establishment, apployed, Brief history if possible
Name and Signature of Proposer:	Name and Signature of Seconder:
(Member of this Chamber)	(Member of this Chamber)

* Strike off which ever is not applicable

Enrolment is subject to 8 (a) of Memorandum & Articles of Association of Malabar Chamber of Commerce which states as follows "An application from a candidate for enrolment as member shall be proposed in writing in the Chamber's form by one member and seconded by another, and the Committee shall have power to enrol such an applicant as a member or reject his application at its discretion. No reason need be given for the rejection"

MALABAR CHAMBER OF COMMERCE, CALICUT LIFE MEMBERSHIP APPLICATION FORM

To:

The Hon. Secretary Malabar Chamber of Commerce Chamber House, Chamber Jn., Cherooty Road, Calicut-673032

PARTICULARS OF MEMBERSHIP

Name of Applicant:	
Address:	Phone No: Offi: Resi: E-mail id: Mob. No:
Name of Representative author to represent in meetings:	orized
We/I desire to be enrolled as a of Association of the Chamber.	Life Member of the Chamber. I/We agree to abide by the Articles
Enclosed please find a Chequidatedon Bank.	te bearing No
Yours faithfully,	
Date:	
	Life Membership application