



THE SOUTH INDIA CORRUGATED BOX MFRS. ASSOCIATION

B-28, P.A. Apartments, 6th Floor,
869, Poonamallee High Road, Kilpauk, Chennai - 600 010.

MEMBERSHIP ENROLLMENT FORM

1. NAME OF THE UNIT :
(IN BLOCK LETTERS)

2. OFFICE ADDRESS :

3. FACTORY ADDRESS :

4. NAME (S) OF THE PROPRIETOR PARTNERS, DIRECTORS AND RESIDENTIAL ADDRESS :
1.....
2.....
3.....
4.....

5. DATE OF ESTABLISHMENT :

6. TELEPHONE Nos. :
OFFICE FACTORY RESIDENCE

MOBILE :

EMAIL ID :

6. PAYMENT DETAILS :
(Entrance Fee Rs.500/-
Subscription for the
Year Local Rs. 2000/-
Out Station Rs. 1500/-)
Cash / Cheque No. _____ dt _____
drawn on _____ Branch _____
Amount:- _____ For Year :- _____

KINDLY ENCLOSE THE FOLLOWING

- 1) 2 PHOTOGRAPHS OF DIRECTOR / PARTNER / PROPRIETOR
- 2) VAT LICENCE COPY

Date _____

SIGNATURE WITH SEAL