



CHAMBER OF TEXTILE TRADE & INDUSTRY

Regd. under societies W.B. Act XXI of 1960 No. S/4718 of 1961-62

160, JAMUNALAL BAJAJ STREET, 1ST FLOOR, KOLKATA - 700007, PH. : 2268 2686, 2269 9811, FAX : (033) 2273 4034
Website : www.cotti.in, E-mail : cottiindia@gmail.com

Membership No.....

(for office use only)

MEMBERSHIP APPLICATION FORM

Hony. Secretary
Chamber of Textile Trade & Industry
160, Jamunalal Bajaj Street
Kolkata - 700 007

Please enclose xerox copy of
Trade Licence or Income Tax Return
or PAN Card or Bank Passbook.

Dear Sir,

We M/s. _____

want to get ourselves enrolled as member of your Chamber. We are enclosing herewith a cheque/cash for Rs. 3483/-. Kindly acknowledge and oblige. We agree to abide by the Rules and Regulations of the Chamber.

Note : General Member : Admn. Fee Rs. 2000/-, Annual Subscription : Rs. 1100/-, Affiliated Member : Admn. Fee. Rs. 1000/-,
Annual Subscetion Rs. 700/-, Service Tax : 12.36%, Year : 1st April to 31st March

Date : _____

Signature with Rubber Stamp

1. NAME OF THE APPLICANT M/S. _____
(USE BLOCK LETTERS)

2. OFFICE ADDRESS _____
FLOOR _____
ROOM NO. _____ CITY _____ PIN _____
PHONE _____
FAX _____ MOBILE _____ E-MAIL _____

3. RESIDENTIAL ADDRESS _____
CITY _____ PIN _____
PHONE (RES.) _____

4. TRADE LICENCE NO. _____ RENEWED TILL _____ (YEAR)

PTO

Nature of Textile Business (Please tick as applicable)

Manufacturer <input type="checkbox"/>	Whole Sale Dealer <input type="checkbox"/>
Retail Dealer <input type="checkbox"/>	Agent <input type="checkbox"/>
Processor / Printer / Dyer <input type="checkbox"/>	Any Other _____

Item/Classification of the above Business (Please tick as applicable)

Suiting <input type="checkbox"/>	Shirting <input type="checkbox"/>	Synthetic Saree <input type="checkbox"/>
Silk Saree <input type="checkbox"/>	Cotton Saree <input type="checkbox"/>	Dress Material <input type="checkbox"/>
Dhoti <input type="checkbox"/>	Cotton Cloth <input type="checkbox"/>	Canvas / Tarpaulin <input type="checkbox"/>
Industrial Cloth <input type="checkbox"/>	Furnishing Cloth <input type="checkbox"/>	Bed Sheet / Towel <input type="checkbox"/>
Readymade Garments <input type="checkbox"/>	Hosiery Goods <input type="checkbox"/>	Yarn <input type="checkbox"/>
Sewing Thread <input type="checkbox"/>	Woolen Goods <input type="checkbox"/>	Handloom Products <input type="checkbox"/>
Exporter <input type="checkbox"/>	Importer <input type="checkbox"/>	Salwar Suit <input type="checkbox"/>
Kurti, Legings <input type="checkbox"/>	Lahanga, Chunni, Ghagra <input type="checkbox"/>	<input type="checkbox"/>

Any other (Please Specify) _____

5. Year of Commencement of Business _____

6. Constitution of the Firm : Proprietorship/HUF/Partnership/Private Ltd. / Limited Company

7. Name of Proprietor / Karta / Partner / Directors

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

8. Name & Designation of two recorded representatives

1. _____ Designation _____
 2. _____ Designation _____

Above Particulars are true to the best of our knowledge.

Signature

(with rubber stamp & designation)

9. Proposed by _____
 (Signature with rubber Stamp)

Membership No. _____

10. Seconded by _____
 (Signature with rubber Stamp)

Membership No. _____

Only members of the Chamber are eligible to propose and second a new member with signature & rubber stamp.

For OFFICE USE

Application accepted in the Meeting of the Executive Committee held on _____

Signature of the Chairman