



FEDERATION OF INDIAN CHAMBERS OF COMMERCE (PHIL) INC. [FICCI]

Room 1803 Cityland 10 Tower 1, 156 H.V Dela Costa St., Salcedo Village, Makati City, Philippines, 1226

Tel no. 632 814-0918 / 844-7222 Fax 844-6983 Email: info@ficci.com.ph

APPLICATION FOR MEMBERSHIP

Date: _____

PHOTO

The Board of Directors
Federation of Indian Chambers of Commerce (Phil). Inc.
City of Makati, Metro Manila

The undersigned hereby applies as: New Member Returning Member

TYPE OF MEMBERSHIP APPLIED

ACTIVE MEMBER

- Corporate / Company : stockholders or owners are of Indian descent or citizenship. Principal place of business in greater Metro Manila area to include Bulacan, Cavite and Laguna.
- Individual : Individuals / professionals of Indian descent or Citizenship residing in greater Metro Manila area to include Bulacan, Cavite and Laguna

ASSOCIATE MEMBER

- Corporate / Company: stockholders or owners of Indian descent or citizenship whose principal place of business is located outside greater Metro Manila
- Individual : Individuals / professionals of Indian descent or Citizenship residing outside greater Metro Manila

AFFILIATE MEMBER

- Other Corporations, Trade Groups or Associations Affiliate : any local or foreign entity or organization that does not fall under the Active and Associate category who are or may work in collaboration or do business with members of the FICCI
- Individual Affiliate : any individual that does not fall under the Active and Associate category who may work or already do business with the members of the FICCI.

If admitted, the undersigned undertakes to abide by the Federation's By-laws and rules and regulations, and to comply with the resolutions adopted by the Board and the general body.

(Company / Organization Name)

(Signature over printed name of the official Representative)

SPONSORSHIP

We, the undersigned, in full enjoyment of our rights as ACTIVE MEMBER in good standing of the Federation of Indian Chambers of Commerce (Phil). Inc. hereby sponsors the application of:

(NAME OF APPLICANT)

Sponsor 1:

Sponsor 2:

(Name & Signature)

(Name & Signature)

(Company Name)

(Company Name)

APPLICANT'S INFORMATION

1. Company Name: _____
2. Business Address: _____
3. Telephone Nos.: _____ Email Address _____
4. Nature of Business : _____ TIN No.: _____
5. Name of Official Representative : _____
6. Occupation/ Position _____ TIN No.: _____
7. Home Address: _____
8. Telephone Nos.: _____ Email Address _____
9. Mobile No. : _____ Date/Place of Birth _____
10. Citizenship: _____ Name of Spouse: _____
11. Passport No: _____ Date of Issue: _____ Place of Issue: _____
12. ACR –I Card No. / ICR No.: _____ Date Issued: _____
13. Educational Qualification: _____

14. Membership in other Association: _____

15. Banking Reference: _____

16. Alternate Representatives to be registered: (For Company /Affiliate Members Only)

1. Name: _____ Relationship _____

Mobile No. : _____ Email Address _____

2. Name: _____ Relationship _____

Mobile No. : _____ Email Address _____

3. Name: _____ Relationship _____

Mobile No. : _____ Email Address _____

MEMBERSHIP FEES

Category	Reactivation Fee	Entrance Fee	Annual Fee
ACTIVE (Co / Corporate)	5,000.00	5,000.00	25,000.00
ACTIVE (Individual)	5,000.00	5,000.00	25,000.00
Associate (Provincial)	2,500.00	2,500.00	12,500.00
Affiliate (Local / Phil)	5,000.00	5,000.00	25,000.00
Affiliate (Foreign)		\$ 100.00	US\$500

Application to be accompanied by the following documents:

- 1) Check representing payment of entrance fee and annual membership dues (please make your check payable to Federation of Indian Chambers of Commerce (Phil) Inc.
- 2) Clear photocopy of SEC / Articles of Incorporation
- 3) Clear photocopy of Business Registration (Partnership / Proprietorship)
- 4) Clear photocopy of BIR Certificate of Registration
- 5) Clear photocopy of ACR, ICR for Official & Alternate Representative(s)
- 6) One passport size photo of Official & Alternate Representative(s)
- 7) Clear photocopy of Passport of Official & Alternate Representative(s)

DO NOT WRITE BELOW THIS LINE

ACTION TAKEN	DATE	SIGNATURE
Application Verified and Endorsed		Corporate Secretary
() Approval Recommended () Disapproval Recommended		Chairman Committee on Membership
() Approved () Disapproved		President
Entrance Fee and Annual Dues paid		(Treasurer)

RD173001/em