

**APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP**

Date:

DD

MM

YY

To  
The COO,  
**CREDAI-MCHI**  
Maker Bhavan – II, 4<sup>th</sup> Floor,  
18, V. Thackersey Marg,  
New Marine Lines, Mumbai – 400 020.

**Subject: Request for Professional Membership with CREDAI-MCHI**

Dear Sir,

We would like to apply for the Professional Membership (Architects, Interior Designers, Structural Designers, Landscape Consultants, Channel Partners, Mep Consultants, Rera Consultants) with CREDAI-MCHI.

We hereby would like remit the Membership fees of Rs. **1,18,000** (1,00,000/- +18,000/- 18% GST) (Rupees One Lakh Eighteen Thousand Only) towards the Professional Membership with CREDAI-MCHI

Architects, Interior Designers, Structural Designers, Landscape Consultants, Channel Partners, Mep Consultants, Rera Consultants

Term	Membership Fees	GST	Grant Total	Tick v
3 Years	1,00,000	18,000	1,18,000/-	<input type="checkbox"/>

**I/We hereby submit the following documents as required by CREDAI-MCHI:**

1. Copy of Educational Certificate
2. Copy of Experience Certificate
3. Copy of Company Incorporation Certificate / Partnership deed \*
4. Brief Profile of Company/Firm\*
5. 1 Photograph of Director/Partner/Proprietor\*
6. Copy of GST Certificate\*
7. Copy of Company Address Proof, PAN & GST Certificate \*
8. Copy of PAN of Authorized Representative\*

We further confirm that we have not been convicted for any offence.

Thanking you,

Yours truly,

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(Signature of Authorized Representative)

Company Seal/ Stamp

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Photograph  
Representative

Mr. \_\_\_\_\_

### I. COMPANY DETAILS

Name of the Firm/ Company : \_\_\_\_\_

Profession : ☐ Architects ☐ Interior Designers  
☐ Structural Designers ☐ Landscape Consultants  
☐ Channel Partners ☐ Mep Consultants ☐ Rera Consultants

Date of Registration : \_\_\_\_\_

Status : ☐ Company ☐ Partnership ☐ LLP

Office Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Registered Address : \_\_\_\_\_  
\_\_\_\_\_

Office Telephone No. : \_\_\_\_\_ Website.: \_\_\_\_\_

E-mail : \_\_\_\_\_

### II. REPRESENTATIVES DETAILS

A. Name of Representative : \_\_\_\_\_

Designation : \_\_\_\_\_ Pan Card No.: \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_

Res. Telephone No. : \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_



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Date:     
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Name of the Company : \_\_\_\_\_

Name of Authorized Representative : \_\_\_\_\_

Signature of Authorized Representative : \_\_\_\_\_

Seal of Organization : \_\_\_\_\_

Date:     
DD MM YY

Recommended by : \_\_\_\_\_

Name of the Company : \_\_\_\_\_

Signature of Member :



## APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP

**Cheque in favour of 'MCHI'**  
**Online Transfer details as follows**

**PAYMENT IN FAVOUR OF : MCHI A/C No: 030102000007219**  
**IFSC Code No.: IOBA0000301 MICR Code No: 400020004**  
**Indian Overseas Bank, New Marine Lines Branch, Mumbai 400020**