

APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP

Date:

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DD	MM	YY

To
The COO,
CREDAI-MCHI
Maker Bhavan – II, 4th 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 (Contractors, Advocates, Project Management Consultants, Real Estate Service Providers) with CREDAI-MCHI.

We would like to apply for the following category of Professional Membership with CREDAI-MCHI.

Please mark for category of membership applied for

Contractors, Advocates, Project Management Consultants, Real Estate Service Providers

Membership Period	Membership Fees	18% GST	Total	Tick V
5 years	500,000	Inclusive	500,000	<input type="checkbox"/>
4 years	400,000	72,000	472,000	<input type="checkbox"/>
3 years	300,000	54,000	354,000	<input type="checkbox"/>
2 years	200,000	36,000	236,000	<input type="checkbox"/>
1 year	100,000	18,000	118,000	<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,

(Signature of Authorized Representative)

Company Seal/ Stamp

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Photograph
Representative

Mr. _____

I. COMPANY DETAILS

Name of the Firm/ Company : _____

Profession : ☐ Contractors ☐ Advocates
☐ Project Managment Consultants ☐ Real Estate Service Providers

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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Name of the Company : _____

Name of Authorized Representative : _____

Signature of Authorized Representative : _____

Seal of Organization : _____

Date:
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Recommended by : _____

Name of the Company : _____

Signature of Member : _____



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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