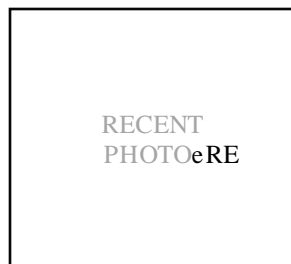




# NEPAL-PHILIPPINES CHAMBER OF COMMERCE & INDUSTRIES

Since 2015

VOITH COMPLEX, DHUMBARAHAI KATMANDU, NEPAL P.O. BOX 2640, Contact No. +977-1-4008801 – 805



## MEMBER'S APPLICATION FORM

### PERSONAL INFORMATION

INDIVIDUAL     COMPANY

I.D. No. \_\_\_\_\_

NAME: \_\_\_\_\_

Address 1: \_\_\_\_\_

Contact No. \_\_\_\_\_

Address 2: \_\_\_\_\_

Gender  Male  Female Nationality \_\_\_\_\_

I.D PRESENTED/ No: \_\_\_\_\_ I.D PRESENTED/ No: \_\_\_\_\_

Marital Status  SINGLE  MARRIED  WIDOW

MOTHER'S MAIDEN NAME: \_\_\_\_\_

EMAIL ADD: \_\_\_\_\_

HIGHEST EDUCATIONAL ATTAINMENT

_____	_____	_____
SCHOOL	COURSE/MAJOR	YEAR

SPOUSE NAME: \_\_\_\_\_

Address 1: \_\_\_\_\_

Contact No. \_\_\_\_\_

Address 2: \_\_\_\_\_

Gender  Male  Female Nationality \_\_\_\_\_

### BUSINESS INFORMATION

PROPRIETORSHIP     PARTNERSHIP     PVT. LTD.CO     PUB. LTD. CO.     STATE GOVT.UNDERTAKING     COOP

NAME: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS 1 : \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

ANNUAL GROSS INCOME : \_\_\_\_\_ NET INCOME: \_\_\_\_\_

BUSINESS INTERESTS: \_\_\_\_\_

COMPANY REGISTRATION NO.: \_\_\_\_\_

PAN: \_\_\_\_\_

### AUTHORIZED REPRESENTATIVE

NAME: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

### BUSINESS' AFFILIATIONS

- |          |                     |
|----------|---------------------|
| 1. _____ | FROM _____ TO _____ |
| 2. _____ | FROM _____ TO _____ |
| 3. _____ | FROM _____ TO _____ |

IF PROPRIETORSHIP/PARTNERSHIP ;

NAME: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS 1 : \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TYPE OF MEMBERSHIP:

- |  |           |                               |
|--|-----------|-------------------------------|
| <input type="checkbox"/> INDIVIDUAL MEMBERSHIP | -----     | ENTRY FEE in NRS.: NRS. 5,000 |
| <input type="checkbox"/> COMPANY MEMBERSHIP    | -----     | NRS. 10,000                   |
| <input type="checkbox"/> HONORARY MEMBERSHIP   | -----     | NRS. 5,000                    |
| <input type="checkbox"/> LIFETIME MEMBERSHIP   | -----     | NRS. 50,000                   |
| <br><input type="checkbox"/> ANNUAL RENEWAL    | <br>----- | <br>NRS. 2,000                |

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED ABOVE ARE TRUE AND CORRECT.

_____	_____
Signature Overprinted Name	Date