



a · f · m · t
ASSOCIATION OF FURNITURE
MANUFACTURERS & TRADERS (INDIA)

Add: B-203-204, Bharat Industrial Estate, Lake Road, Bhandup (West), Mumbai 400078.

Email: info@afmt.in, afmtindia@gmail.com Website: www.afmt.in Mobile: 9323013126.

TRADE MEMBERSHIP/ALLIED MEMBERSHIP/ASSOCIATED MEMBERSHIP

Please fill the form completely in **CAPITAL** Letters. Tick [] boxes as appropriate.

Serial No: _____

NAME OF COMPANY: _____

Nature of Business: May choose more than One options.

- [] Furniture Manufacturer [] Interior/Turnkey Contractor [] Furniture Trader
[] Service Provider (Related to Furniture) [] Furniture Import/Export [] Student
[] Architects/ Interior Designer
[] Others (Pl. Specify) _____

CONSTITUTION OF COMPANY:

Proprietorship [] Partnership [] Pvt. Ltd [] Public Ltd [] Others [] _____

TRADE MEMBERSHIP

Category Tenure Fees
[] Patron (20 Years) 2 Lakh
[] Corporate (10 Years) 50000/-
[] Company (10 Years) 25000/-

ALLIED MEMBERSHIP

Category Tenure Fees
[] Patron (20 Years) 2.5 Lakh
[] Corporate (10 Years) 65000/-
[] Company (10 Years) 32500/-

ASSOCIATE MEMBERSHIP

Category Tenure Fees
[] Architect (5 Years) 10000/-
[] Student (2 Years) 2000/-

COMPANY DETAILS:

Registered Office: _____

City: _____ Pin: _____ State: _____

Factory Address: _____

City : _____ State: _____

PAN No: _____ Date of Issue: _____

GST No: _____ Date of Issue: _____

NATURE OF BUSINESS / PRODUCT - SERVICE:

No of Years in Current Activity:_____ No. Of Employees: _____

How did you hear about AFMT: _____

NAME OF PROPRIETOR/ PARTNERS/DIRECTORS/OTHERS

PROPOSED MEMBER:

(Surname)

(Name)

(Middle Name)

Mr/Mrs. _____

Tel.(Off.)_____ Cell No._____ Date of Birth:_____

Email Id:_____ Website:_____ Age:_____

Qualification:_____

ASSOCIATES:

(Surname)

(Name)

(Middle Name)

Mr/Mrs. _____

Cell No:_____ Email Id:_____

Qualification:_____

Signature of Applicant:_____ Date:_____

Referred By:(I)_____ Referred By:(II)Optional_____

Cheque to be drawn in favour of "**Association of Furniture Manufacturers & Traders**".

FOR OFFICE USE ONLY

[] TRADE [] ALLIED [] ASSOCIATE MEMBERSHIP NO:_____

Cheque Details: Amt._____ No._____ Drawee Bank_____

Branch:_____ Date:_____

Authorised Signatory_____ Date:_____

**ENCLOSURE: 1) Passport Size Photo 2)Copy of GST No. 3) Copy of Co. Pan Card 4) Proof of Premises
5) Aadhaar Copy of Member.**

ALL TERMS AND CONDITION AS PER BY-LAWS