

EXPRESS COURIER OPERATORS ASSOCIATION

(Regd. No: 156 /2013)

Registered Address: No.:007, Quida Millath Street, Trichy – 620020.

Cell: 9843357587.

APPLICATION FOR MEMBERSHIP

1) Company's Name: _____

2) Regd. Office: _____

Tel: _____ Fax: _____ E-Mail: _____

Website: _____ Cell No: _____

3) Local Office (if any): _____

Tel: _____ Fax: _____ E-Mail: _____

4) Constitution of the Company: Public Ltd. Private Ltd. Partnership. Proprietorship

5) Main Activity: International Courier: Domestic Courier: Other (Please specify) _____

6) Turnover for the previous Financial Year: (20____ - 20____) :- Rs. _____

7) Name of Company's Bank: _____ Branch: _____

A/c. Since: _____.

8) Authorized Representative of Company:

Name, Designation, Cell No. and Specimen Signature.

9) Self Attested copies of documents to be attached with the application:

A. Covering letter on Company letterhead – Compulsory for all applicants.

B. Service Tax Registration Certificate – Compulsory for all applicants.

C. Society Share Certificate/Rental Agreement / Last Rent Receipt of the Business Premises – Compulsory for all applicants.

D. Memorandum & Articles of Association – Compulsory for all Pvt. / Public Ltd. Companies.

E. List of Partners / Directors – Compulsory for all applicants.

Cont....

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F. Registered Partnership Deed – Compulsory for all Partnership Firms.

G. Names of Partners with their Residential Address, Tel, Fax, E-Mail – Compulsory for all Partnership firms.

H. List of branches (if any) with Address, Tel., Fax, E-Mail.

If Registered Courier Company, please attach copy of valid Landing Permit.

10. Payment of Fees : Entrance Fee – Rs.10,00,000/- + Annual Subscription – Rs.1,00,000/-

= Total Rs.11,00,000/-

Cheque No. _____ dated _____ for Rs. _____

drawn on the Name of EXPRESS COURIER OPERATORS ASSOCIATION.

11. Declaration by Proposer / Seconder:

I/we hereby certify that, the Proprietor / Partners / Promoters / Directors of the Applicant Company is / are known to me/us personally and that I / We accept moral responsibility for their good behavior and compliance with all directions / instructions issued by **ECO A** from time to time.

Declarant	Proposer	Seconder
Name of the Member Company		
Name of Authorized Representative		
Applicant known to me/us personally for	_____ Years	_____ Years
Signature of Authorized Representative along with Company Stamp / Seal.		
Date		

Declaration by Applicant:

I/we hereby declare that:-

- I /we Authorized to sign and submit this application and all the attached documents.
- All the information provided is true to the best of my knowledge and belief and no material facts

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have been concealed, disguised or misrepresented in any manner.

c) I / We have not been blacklisted or debarred by any Government or other Judicial / Statutory Body / Authority for any matter.

d) If membership is granted, I / we will always abide by the guidelines / instructions provided by **ECOAI** from time to time and will not indulge in any illegal / prohibited / anti-social acts of omission or commission and will not do anything that may tarnish or make a bad name to either **ECOAI** or the Express Courier Operators Industry.

e) If any of the information provided in this application is found to be incorrect or in the opinion of the Managing Committee of **ECOAI**, if at any time my / our membership is found to be detrimental to the interests of **ECOAI**, the same will be terminated and I / we waive our rights to contest the same.

f) I / We fully understand and accept that membership is not a matter of right and will be granted at the sole discretion of **ECOAI**. I / We provide my / our consent for details of this application to be circulated to the Managing Committee Members of **ECOAI** and accept that if there is an objection from any existing member, this application will be kept on hold until the matter is sorted out and the objection is withdrawn by the member concerned.

Applicant's Name, Designation and Signature.

Place: _____ Date _____

Seal.

For Office Use Only:

Objections received (if any) :

Action taken:

Comments: _____

Approved by : _____ Date: _____

PRESIDENT / VICE PRESIDENT