

PARTICIPATION FORM

MEMBER CATEGORY: C

Individual Companies, Investors and Research companies

A. Company Details

Company Name			
Mailing Address			
City / Country			
Phone / Fax Number			
Email Address		WWW	

B. SPOC Designee Details (Mandatory)

Name of Individual				
	Title	Forename	Middle Name	Surname
Date of Birth	DD / Month / YYYY		Gender	Male / Female
Position in Company		Nationality		
Phone Number		@ Email		
Mailing Address				
City / Country				

For second designee, please inform after acceptance

C. Company Details (Please mark 'X' in left column)

<input type="checkbox"/>	Cold Storage Asset owning Company	<input type="checkbox"/>	Logistics/ Rail and /Trucking Company	<input type="checkbox"/>	3PL and other service provider
<input type="checkbox"/>	Retail Company	<input type="checkbox"/>	Food Producing or Processing Company	<input type="checkbox"/>	Pharmaceutical Company
<input type="checkbox"/>	Packaging Company	<input type="checkbox"/>	Regulatory / Compliance/ Consulting / Research Company	<input type="checkbox"/>	Exporter and Importer
<input type="checkbox"/>	IT based company	<input type="checkbox"/>	Investing Company / PE fund / VC fund / Bank	<input type="checkbox"/>	Equipment and Hardware Supplier

Type	<input checked="" type="radio"/> Proprietorship/Firm	<input type="radio"/> Private Limited	<input type="radio"/> Public Limited	<input type="radio"/> PSU
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Year formed		Number of Employees		Number of Offices		Nationality of Company	
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For Cooperatives and Self help Groups use Category G form

Company Description

Describe company and please state interest or reason to join NCCD.

Please Use additional Sheet if necessary

Application Fee Details

DD/Cheque#:		Drawn On:	
Dated:		Amount ₹:	50,000 + 200.00 (processing fee)

The details above represent application processing fee only for membership to NCCD as per terms of association.
Receipt of Application Fee does not imply implicit acceptance as member.

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I/We have read and understood the terms and conditions of membership for association with NCCD.

I/We agree that further follow-up question in relation to cold chain interests as required by NCCD shall be provided. I/We am authorized by the company's board or governing council to apply for membership to NCCD and am designated to represent the company.

Any change to this declared authorization from the company shall be communicated to NCCD promptly.

Verification :

It is certified that the contents of the application are true to the best of my knowledge and belief and nothing that can effect membership has been concealed. I/We hereby apply for membership into NCCD.

Date:

Place:

Authorised Signatory

Note:

Membership for Indian Companies ₹ 50,000 per annum; Indian companies can also pay onetime fees of ₹ 4 lacs. Membership is non transferable.

For Official Use Only

Date Application Received:

Date Application Filed for Director's Review:

Date Participation Accepted:

Membership Number allotted:

Date Membership communicated:

Date Membership Fees received / Membership confirmed:

Remarks:

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Sd