


THE SOUTH INDIA CORRUGATED BOX MANUFACTURERS'

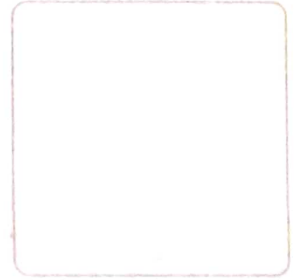
ASSOCIATION (Regn.No.189/99)



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MEMBERSHIP ENROLLMENT FORM

1. NAME OF THE INDUSTRY

2. ADDRESS: OFFICE

FACTORY:

3. NAME OF THE PROPRIETOR / PARTNER / MD:

4. PHONE: OFFICE :

5. CONTACT PERSON :

6. MOBILE NUMBER :

7. E-MAIL ADDRESS :

8. WEBSITE :

9. G.S.T. NO :

7. PAYMENT DETAILS : Cheque No.....dt.
Amount Rs.4,500/- drawn on.....
.....Bank
(Entrance Fee Rs.1500/- Subscription Fee Rs.3000/- for
the year)

Date.....

SIGNATURE WITH SEAL