



The Dyestuffs Manufacturers Association of India

A-317, Antop Hill Warehousing Complex, Vidyalankar College Road, Wadala (East), Mumbai-400037

Tel. +91 22 24158156/8157 * Email : info@dmai.org / dmai_1950@yahoo.co.in * Web : www.dmai.org

LIFE MEMBERSHIP APPLICATION FORM FOR ORDINARY MEMBER

To
The Hon.Secretary,
The Dyestuffs Manufacturers Association of India
A-317, Antop Hill Warehousing Complex,
Vidyalankar College Road,
Wadala (East),
Mumbai-400037

Dear Sir,

We desire to be admitted as a **Life Member under Micro & Small / Medium / Large category** of your Association. Necessary information and Life Membership Fee is enclosed with this application stating therein the category of membership. We agree to abide by the Rules and Regulations of the Association.

Proposed by

Seconded by

Yours faithfully

(Signature and Rubber
Stamp of Co.)

(Signature and Rubber
Stamp of Co.)

(Signature and Rubber
Stamp of Co.)

| <u>Manufacturing Unit</u> | <u>Revenue (Rs.)</u> | <u>Life Membership fees (Rs.)</u> | <u>18% GST (Rs.)</u> | <u>Total (Rs.)</u> |
|---------------------------|----------------------|-----------------------------------|----------------------|--------------------|
| Micro & Small | Up to 75 Crores | 30000 | 5400 | 35400 |
| Medium | 75-250 Crores | 50000 | 9000 | 59000 |
| Large | Over 250 Crores | 100000 | 18000 | 118000 |

DMAI GSTIN : 27AAATT5558N1ZS and SAC : 999599

Category of membership (✓)

➤ Micro & Small Unit

➤ Medium Unit

➤ Large Unit

Payment : Cheque/Draft No.....Dtd. Name of Bank.....
.....Amount

Note : Applicant has to furnish the details as written in the enclosed form.
Proposer and Seconder members should be of good standing.

FOR ASSOCIATION USE ONLY

| | |
|-------------------------|---|
| Date of | |
| M.C. Meeting | : |
| Decision | : |
| Hon.Secretary Signature | : |

DETAILS OF APPLICANT

Name of the Organisation : _____
with Registered Address : _____

Correspondence Address : _____

Factory Address : _____

Telephone Nos.
Fax No.

| Registered Off. | Corresp.Off. | Factory |
|-----------------|--------------|---------|
| | | |
| | | |

Email ID :

Date of Establishment/Incorporation :

Type of Establishment : Joint Stock Co. Pvt.Co.,
(tick what is applicable) Partnership Proprietorship

Name of Directors/Partners/Proprietor: Name/s **Res. Phone No.**

Name/s of authorized Representative/s :
with designation

**Names of Products Manufactured
(If necessary please attach separate sheet)**

Production capacity

- a) Dyestuffs :
- b) Dye Intermediates :

No. of Labourers employed

- a) Technical staff :
- b) Non-Technical staff :
- c) Workers :
- d) Office Staff :

**Registration No. allotted by the concerned
Authorities (attach copy of registration
certificate)**

- 1) SME/DGTD :
- 2) I.E. Code No. :
- 3) GST NO. :
- 4) Pollution Control consent :

(Signature & Rubber Stamp of Co.)